DEPT.- 65

JOB- 15

REEL- 28

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cords, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A.	B.	C.	D.
☐ Establish retention period for records which are accumulating daily.	☐ Dispose of present accumulation, no additional accumulation anticipated.	☐ Microfilm and destroy originals.	☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period			10. Equipment and space freed	11. In your opinion does this record have any historical significance?
a. In Dept.	b. In Storage Center	c. Total		YES ☐ NO ☒
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept.	b. In Storage Center	c. Total	A. [ ] To be sold as scrap or waste paper	B. ☒ To be Burned or shredded	C. ☐ Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent			

REMARKS: 2 negative Rolls & 1 positive for hospital

C. Pierce Records Management Officer 3/20/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR
2. APPROVED: CITY SOLICITOR
3. APPROVED: CITY COMPTROLLER
4. APPROVED: CITY TREASURER
5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS
6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM
7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2037 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Edward Ware

{Residence, if in Baltimore, Give Street and Number.} 2037 N. Pratt St.

Duration of Residence in Baltimore. Lifetime

C. 5300

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Sept 19th 1873
AGE	34 years, — months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Jos A. Ware
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Catherine Reinick
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Ware

(Address) 2037 N. Pratt St

Filed 10/5 1907 HENRY O. ANDREWS, HEALTH COMMR.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18th 1907 to Oct 3rd 1907

that I last saw h alive on Oct 3rd 1907

and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Con'ributory (Primary.) Phthisis Pulmonalis (DURATION) 12 DAYS

(Signed) W. Beaver M.D.

Address 110 S. Gilmor St

Date Oct 4th 1907

Place of Burial Mt Olivet

Date Oct 6 1907

Undertaker Jos B. Cook

Address 1003 Balto St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5301

City of Baltimore, (No. 1317 W. Fayette St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Pennington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 9th 1826 (Month) (Day) Year)

AGE: 80 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Ward T Hamma

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Taylor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hooper

(Address) 1317 W Fayette St

Filed 10/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 3rd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Oct 3rd 1907 that I last saw her alive on Oct 3 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Myocarditis (Senilis)
Old age - Exhaustion

(DURATION) DAYS

Contributory Heart failure

(DURATION) DAYS

(Signed) Wm A. Duvall M. D.

1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Oct 6 1907

UNDERTAKER: Jos B Cook. — ADDRESS: 1003 W Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5302

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611½ Vincent Alley St.

Full Name Laurence Brown

{Residence, if in Baltimore, Give Street and Number.} 1611½ Vincent Alley

Duration of Residence in Baltimore. Life

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Aug 31st 1905

AGE: 2 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm Brown

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lydia Mason

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Brown

(Address) 1611½ Vincent ave.

Filed 10/5 1907

HARRY C. ARDEERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Contributory (Primary.) Cold (DURATION) 3 DAYS

(DURATION) ..... DAYS

(Signed) Chas Baldwin M.D.

Address 1100 Linn. av. (Corner)

Date Oct. 4th 1907

Place of Burial Mt Hope

Date Oct 5 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5303

City of Baltimore, (No. 14 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie Montrose Power

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: June (Month) 24 (Day) 1846 (Year)

AGE: 67 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER: Thomas Stanton

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Fannie Montrose

BIRTHPLACE OF MOTHER (State or country): ~~England~~ Scotland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eli C Ward

(Address) 14 Augusta Ave.

Filed 10/5 1907

HARRY C. ARUNDEL, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Oct 2 1907

that I last saw her alive on Oct 2 1907,

and that death occurred, on the date stated above, at 12.30 A. M. The CAUSE OF DEATH was as follows:

Gun Shot Wound

(DURATION) DAYS

Contributory Pulmonary Tuberculosis (DURATION) 2 yrs DAYS

(Signed) F. M. Farinholt M. D.

10/4 1907 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 7 1907
UNDERTAKER	**ADDRESS**
John J Corran	901 Hallum St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 5304 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 232 Thomas Ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Wilson

{ Residence, if in Baltimore, Give Street and Number. } 232 Thomas Court.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months ..... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jacob Wilson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rachel Wilson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Wilson

(Address) 232 Thomas Court

Filed 10/5- 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 10 1907 to Oct 4 1907 that I last saw h[illegible] alive on Oct 3 1907 and that death occurred, on the date stated above, at 8:00 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) H. Eder Smith M.D.

Address 538 Huron Rd.

Date Oct 5- 1907

Place of Burial Mt. Auburn Cem.

Date October 4 1907

Undertaker John H. Woodson

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Grossman

{Residence, if in Baltimore, Give Street and Number.} 25 Gorsuch Ave

Duration of Residence in Baltimore. Life C 305

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 1st 1892

AGE: 15 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Peter Grossman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anna Graw

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Grossman

(Address) 25 Gorsuch Ave.

Filed 10/5 1907 HENRY G. ARGUS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3, 1907

I HEREBY CERTIFY, That I attended deceased from Sep 20, 1907 to Oct 3 1907

that I last saw him alive on Oct 3 1907,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

3 weeks (DURATION) — DAYS

Contributory (Primary) Typhoid

4 weeks (DURATION) — DAYS

(Signed) Eugene L. Passagno M.D.

Address St Joseph's Hospital

Date Oct 3, 1907

Place of Burial Holy Redeemer Cemetery

Date Oct. 6 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Moses Sainsbury.

{Residence, if in Baltimore, Give Street and Number.} 1717 Madison Ave.

Duration of Residence in Baltimore. 45 years.

C 5306

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male -
COLOR	White.
DATE OF BIRTH	Oct 10th 1835
AGE	72 years, - months, - days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany -
FULL NAME OF FATHER	Unknown -
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Sainsbury

(Address) 1717 Madison Ave

Filed 10/5 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 24th 1907 to Oct 5th 1907

that I last saw h[illegible] alive on Oct 5th 1907

and that death occurred, on the date stated above, at 9 15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Face -

(DURATION) 7 mos

Contributory (Primary.) Exhaustion.

(DURATION) 21 DAYS

(Signed) W W Baker M.D.

Address Balto City Hospital

Date Oct 6th 1907

Place of Burial Oheb Sholom

Date Oct 7th 1907

Undertaker Jacob Shreeve & Co

Address 164 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 5307

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Jones

{Residence, if in Baltimore, Give Street and Number.} 2224 Division St

Duration of Residence in Baltimore. 35 years C 5307

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Dont Know 1

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Mary Braun

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Burch

(Address) 1107 N Wolfe St

Filed 10/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to Oct 4 1907 that I last saw h alive on Oct 4 1907 and that death occurred, on the date stated above, at 2 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. W. Clough M.D.

Address Johns Hopkins Hospital

Date October 4 1907

Place of Burial Laurel Cemetery

Date Oct 6 1907

Undertaker John A. Burch

Address 1107 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 111, Penta Court St.; 23 Ward) Registered No. B C

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death a Hospital o give its N of street and

FULL NAME Lobie Baesch.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white.

DATE OF BIRTH: Oct. (Month) 3rd (Day) 1907. (Year)

AGE: ..... years, ... months, 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Christian Baesch.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Florence Lavina Lewis

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Baesch

(Address) 111 Penta court

Filed 10/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October. (Month) 4th (Day)

I HEREBY CERTIFY, That I attended decea

Oct 3 1907 to Oct. 4

that I last saw h alive on Oct. 4 19

and that death occurred, on the date stated above, a

A. M. The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) 1/2

Contributory Umbilical Hernia

(DURATION) 1/2

(Signed) Henry Haedschmidt.

Oct 4 1907 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institut Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... D

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill cemetery — DATE OF BURIAL: Oct 5 190

UNDERTAKER: D. F. M. Co. Flynn — ADDRESS: 42 E. West

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Richards

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 8 Years

5309

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 68 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Richard Richards
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Armacost
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Horse Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Holyday. Sept.

(Address) BAY VIEW ASYLUM

Filed, 10-5- 1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3. 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 6. 1906 to Oct. 3. 1907

that I last saw him alive on Oct. 3. 1907

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) Unknown

(Signed) N M Ammus Coy M.D.

Address Bay View Asylum

Date October 3. 1907

Place of Burial Hampstead Md

Date Oct 6th 1907

Undertaker A F Rhilbin

Address 1711 Md ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

114

CERTIFICATE OF DEATH.

(Place of Death.) No. 416 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Griffin

{Residence, if in Baltimore, Give Street and Number.} 416 N Carey St

Duration of Residence in Baltimore. 50 years

C 33D

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 31 1847

AGE 60 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Jas. Eaton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Tobin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Griffin (son)

(Address) 1623 N. Fayette St

Filed 10/5 1907 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Oct 4 1907

that I last saw h[illegible] alive on Oct 4 1907

and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Obstructed com[illegible] Gall duct, with cholemia (DURATION) 11 DAYS

(Signed) Thos. L. Latimer M.D.

Address 414 N Carey

Date Oct 4 1907

Place of Burial St Peters Cemetary

Date October 7th 190[illegible]

Undertaker Matthew Cashman

Address 696 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2105 Jefferson St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy V. Schempp

{ Residence, if in Baltimore, Give Street and Number. } 2105 Jefferson St

C. 5311

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W

DATE OF BIRTH: July 20 1907

AGE: ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo F. Schempp

BIRTHPLACE OF FATHER (State or country): U. S.

MAIDEN NAME OF MOTHER: Rosie V. Callahan

BIRTHPLACE OF MOTHER (State or country): U. S.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vernie Callahan (aunt)

(Address) 2105 Jefferson St

Filed 10/5 1907

HARRY C. ANDRAWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from Sep 27 1907 to Oct 4 1907

that I last saw h.. alive on Oct 3 1907,

and that death occurred, on the date stated above, at 3.30 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 4 DAYS

Con'tributory (Primary.) Ileo colitis

(DURATION) 10 DAYS

(Signed) A. G. Kytina M.D.

Address 2204 E. Monument St

Date Oct 4 1907

Place of Burial Cathedral

Date October 6. 1907.

Undertaker H. C. Hiedefeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. 5015

12

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Charles S. Brookshank

{Residence, if in Baltimore, Give Street and Number.} 2936 O'Donnell St.

Duration of Residence in Baltimore. Life

c. 53 V

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 1st 1823

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Banks

(Address) 2936 O'Donnell St.

Filed 10/5 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4 190

I HEREBY CERTIFY, That I attended deceased from Oct 3d 190 7 to Oct 4 190 7

that I last saw him alive on Oct 3 190 7

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Bronco-pneumonia
and Cephalitis (Acute)
respiratory failure

(DURATION) 2 DA

Contributory (Primary.) —

(DURATION) DA

(Signed) G. G. Rusk M.

Address 100 E. Balt. St.

Date Oct 4. 1907 ✓

Place of Burial Greenmount Cem

Date Oct. 6th 190

Undertaker Jno A. Inman

Address Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5313

Registered No. B

City of Baltimore, (No. 561 W Hoffman ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William E. Peters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Howard Co. Md.

FULL NAME OF FATHER: William Peters

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Maggie

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Peters

(Address) 561 W. Hoffman St.

Filed 10/5" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4 (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Oct 4 1907 that I last saw him alive on Oct 4 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Contributory

Heart. (DURATION) 6 DAYS

To Heart

(DURATION) 6 DAYS

(Signed) Dr. Lyttle Kennard M. D.

Oct 6 1907 (Address) 708 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 6th 1907

UNDERTAKER: Felix B. Dye — ADDRESS: 102 E. Fulton St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 715 W. Hamburg st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Angelus Murphy

{ Residence, if in Baltimore, Give Street and Number. } 715 W. Hamburg st

Duration of Residence in Baltimore. Lifetime

C. 53 3/4

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 19 1907

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: J. Edward Murphy

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Teresa Harris

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Edward Murphy

(Address) 715 W. Hamburg st

Filed 10/5 1907 HARRY C. ANDREWS Register
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Oct 4 1907 that I last saw h-er alive on Oct 4 1907, and that death occurred, on the date stated above, at 2.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

(DURATION) 20 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 2 DAYS

(Signed) E L Ellis M.D.

Address 915 Light st

Date Oct 15 1907

Place of Burial Mt. Olivet Cemetery

Date October 6th 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily P Carter

{ Residence, if in Baltimore, Give Street and Number. } 813 N Calhoun St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 16 1827

AGE 80 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Harman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Micha Lilly

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Carter

(Address) 813 N Calh

Filed 10/5 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 5 1907

that I last saw h alive on Oct 4 1907.

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Age Some time

Asthma (DURATION) ..... DAYS

(Signed) Wm A Blum M.D.

Address 1014 W Lafayette

Date Oct 5th 1907

Place of Burial Western Bgm

Date Oct 7 1907

Undertaker W. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

535 N Carey St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Sater.

{ Residence, if in Baltimore, Give Street and Number. } 3238 Cedar Av.

C. 5316

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male -

COLOR: White.

DATE OF BIRTH: Unknown - 1

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Carroll Co. Md.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E B Sater -

(Address) 3238 Cedar Ave

Filed Oct 6 1907

HARRY C. ARBAUGH, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Oct 5th 1907

that I last saw h[illegible] alive on Oct 5th 1907,

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease -

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H H Eskew M.D.

Address Balto City Hospital

Date Oct 5th 1907

Place of Burial Ft. Mansfield

Date Oct 8 1907

Undertaker A. J. Marshall

Address 2539 Eutaw Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 1145 Stocton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. O. Duke

{ Residence, if in Baltimore, Give Street and Number. } 1145 Stocton St

Duration of Residence in Baltimore. Life

C. 5317

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 10th 1907

AGE: ~~X~~ years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm. Duke

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

MAIDEN NAME OF MOTHER: Annie Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Duke

(Address) 1145 Stocton St.

Filed Oct 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary.) Examination

..... (DURATION) ..... DAYS

(Signed) Wm Blackman M.D.

Address 700 Lexington (Comm)

Date Oct 5th 1907

Place of Burial Laurel Cemetery

Date Oct. 6 1907

Undertaker S. W. Chase & Son

Address 1011 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

15-6

(Place of Death.) No. 221 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Amelia Yorg

{ Residence, if in Baltimore, Give Street and Number. } 221 E. North Ave

C. 3218

Duration of Residence in Baltimore. Born

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): - - -

MAIDEN NAME OF MOTHER: - - -

BIRTHPLACE OF MOTHER (State or country): - -

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhamina Walkowski

(Address) 428 S. Bond St

Filed 8/26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 5 1907

that I last saw h — alive on — 190—

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia -

Suicide

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. N. Hayden M.D.

Address 1316 E. Caroline St

Date Oct 5 1907

Place of Burial Oak Lawn

Date Oct 7 1907

Undertaker Jacob Frankowski

Address 428 S. Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

1794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5319

City of Baltimore, (No. 1107, Lenderdale St.; 23rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine Deutsch

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July (Month) 5 (Day) 1907 (Year)

AGE: ..... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Deutsch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rose Keyser

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Deutsch

(Address) 1107 Lenderdale St.

Filed Oct 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1907 to Oct. 6th 1907

that I last saw h[illegible] alive on Oct 6 1907

and that death occurred, on the date stated above, at ——

11. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) DAYS

Contributory Malnutrition

(DURATION) DAYS

(Signed) Henry Friedenwald M. D.

Oct 6 1907 (Address) 924 Lenderdale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Bonnie Brae | DATE OF BURIAL: Oct 8 1907

UNDERTAKER: Wm Cook | ADDRESS: 506 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the f[illegible]ame, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2100. McCulloh

64

Full Name Caroline Randall Groom St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{Residence, if in Baltimore, Give Street and Number.} 2100 McCulloh St

Duration of Residence in Baltimore. Life

(5320)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W

DATE OF BIRTH

AGE 82 years, months, days 1

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Dorsey

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Ruth Todd

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Groom

(Address) 2100 McCulloh

Filed Oct 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29th 1907 to Oct 4th 1907

that I last saw h.. alive on Oct 4th 1907

and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Failure of heart

Contributory (Primary) Cerebral Hemorrhage (DURATION) 2 DAYS

Second attack (DURATION) 6 DAYS

(Signed) A. F. Lecias M.D.

Address 200 Madison Ave

Date October 7th 1907

Place of Burial Mt Olivet

Date Oct 9 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1087

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan Kinsky

{Residence, if in Baltimore, Give Street and Number.} 432 S Caroline St

Duration of Residence in Baltimore. 9 Years

C. 5321

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 26 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Harris Kinsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Beckie Kinsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I Chnicken

(Address) 432 S Caroline st

Filed Oct 6 1907 Registrar

Ked

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to Oct 6 1907 that I last saw h ive alive on Oct 6 1907, and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

..... (DURATION) ..... DAYS

Contributory (Primary.) Intestinal Obstruction

..... (DURATION) ..... DAYS

(Signed) W. D. Gatch M.D.

Address J. H. Hospital

Date 190

Place of Burial Hen Run Cemetry

Date Oct 6 1907

Undertaker May Lerman

Address 16 20 Ms Eldersgt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X

CERTIFICATE OF DEATH.

IV

(Place of Death.) No. 111 W Franklin St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert H Todd

{ Residence, if in Baltimore, Give Street and Number. } 111 W Franklin St

Duration of Residence in Baltimore. Life

(B 322)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1889

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward J Todd

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Durand

BIRTHPLACE OF MOTHER (State or country): Louisianna

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Todd

(Address) 111 W Franklin St

Filed Oct 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 5 1907

I HEREBY CERTIFY, That I attended deceased from Sep 21 1907 to Oct 5 1907

that I last saw h... alive on Oct 4 1907,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

asthenia

recent duration (DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 21 DAYS

(Signed) Robert B Bacon M.D.

Address 1110 McCulloh St

Date Oct 5 1907

Place of Burial Druid Ridge Cem

Date Oct 7th 1907

Undertaker H Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 E. Barney St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma ~~Wath~~ Schwartz

{Residence, if in Baltimore, Give Street and Number.} 206 E. Barney St.

Duration of Residence in Baltimore. Life

5323

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR W

DATE OF BIRTH Feb. 23, 1905

AGE 2 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas Schwartz

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mamie Lacker

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Schwartz

(Address) 206 E. Barney st

Filed Oct 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1907 to Oct 5th 1907

that I last saw her alive on Oct 5th 1907,

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Purpura Hemorrhagica

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. F. Hawkins M.D.

Address 1608 Light St

Date Oct. 5th 1907

Place of Burial Loudon Hill

Date October 8th 1907

Undertaker Jos. Stumbaugh

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5324

City of Baltimore, (No. 18, Gnilds Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Magdalene Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH March 7 1906
(Month) (Day) (Year)

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wilbeam Wilson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Cane

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cane

(Address) 18 Gnilds Lane

Filed Oct 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 19th 1907 to Oct 5th 1907 that I last saw her alive on Oct 3rd 1907, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:—

Pneumonia
(Bronchial)
2 Wks (DURATION) DAYS

Contributory Spasm
(DURATION) DAYS

(Signed) Jennie H Brown M. D.

Oct 6th 1907 (Address) 1310 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ✓ How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 6 1907
UNDERTAKER	ADDRESS
Geo H. Toadvine	942 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 Boyd St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Jane Griffin

{ Residence, if in Baltimore, Give Street and Number. } 829 Boyd St.

Duration of Residence in Baltimore. 1 day.

C 5324

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Oct 4 th 1907

AGE: 0 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto city.

FULL NAME OF FATHER: Leweller Griffin

BIRTHPLACE OF FATHER (State or country): Lancaster Co. Va

MAIDEN NAME OF MOTHER: Jane Dorsey

BIRTHPLACE OF MOTHER (State or country): Montgomery Co. Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Griffin

(Address) 829 Boyd St

Filed Oct 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 th 1907 to Oct 5 1907 that I last saw him alive on Oct 4 th 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. V. Harbaugh M.D.

Address 622 W. Lombard St.

Date Oct 5 th 1907

Place of Burial Mt. Auburn

Date Oct 6 1907

Undertaker Jno H. Treadwell

Address 1142 Monroe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 631 E. Biddle St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Shiel

{ Residence, if in Baltimore, Give Street and Number. } 631 E. Biddle St

Duration of Residence in Baltimore. 55 years

C. 5326

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married 8153 M.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Mark Hogan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McDonnell

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Houn Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 631 E. Biddle St

Filed Oct 6 1907

Registrar

Dr H C Brinton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday October 4th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29th 1907 to October 4th 1907

that I last saw her alive on October 4th 1907,

and that death occurred, on the date stated above, at 8.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Exhaustion from

high temperature & vomiting

(DURATION) 6 DAYS

Contributory (Primary) Cerebral Apoplexy

with Right Hemiplegia (DURATION) 6 DAYS

(Signed) Wilmer Brinton M.D.

Address S.W. Cor Calvert & Preston Sts.

Date Balto. Oct. 5th 1907

Place of Burial Cathedral Cemetery

Date October 7th 1907

Undertaker H. C. Hirdefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2100 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea Dorothea Dorothea

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

C 5328

Registered No. B.....

City of Baltimore, (No. Balto. City Jail St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James E. Jennings

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct (Month) 6 (Day) 1907 (Year)

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Texas

FULL NAME OF FATHER: Emery Jennings

BIRTHPLACE OF FATHER (State or country): Accomac Co Va

MAIDEN NAME OF MOTHER: Maria Queen

BIRTHPLACE OF MOTHER (State or country): Accomac Co Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emery Jennings

(Address) 116 N Vincent St

Filed 10/6" 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 8.50 a M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Benj. S. Hampton M. D.

Oct. 6 1907 (Address) 1216 N. Carolina Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 6 Days

Where was disease contracted, if not at place of death? Yes

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Sharp St Cem

DATE OF BURIAL: Oct 6 1907

UNDERTAKER: Robt Brooks & Son

ADDRESS: Calhoun & Hollins

WM. J. C. DULANY CO., BALTIMORE.

ETY ▲ FILM ■ ▲

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Loretta Clay

{ Residence, if in Baltimore, Give Street and Number. } Elkton Md

Duration of Residence in Baltimore. ....

C-5329

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Wh

DATE OF BIRTH ....1....

AGE 8 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Elkton Md

FULL NAME OF FATHER Jacob R Clay

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Leivaux

BIRTHPLACE OF MOTHER (State or country) N Y

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob R Clay

(Address) Elkton Md

Filed 10/6 1907 HARRY C. AFDH... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1907

I HEREBY CERTIFY, That I attended deceased from 9-17 1907 to 10-6 1907

that I last saw h.. alive on 10-6 1907

and that death occurred, on the date stated above, at 11:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia with Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary) Peritonitis

(DURATION) 20 DAYS

(Signed) G. N. Billups M.D.

Address University Hospital

Date Oct. 6 1907

Place of Burial Elkton - Cecil Co. Md.

Date Oct 6 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home & Infirmary, Dulaney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa G. Dentz (Dentz)

{ Residence, if in Baltimore, Give Street and Number. } 1515 Division St

C-5330

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 22 1834

AGE: 73 years, months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Wm J. Delhanney

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Elizabeth Wedhow

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. H. Krause

(Address) Church Home & Infirmary

Filed 10/6" 1907 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Oct 4 1907

that I last saw her alive on Oct 4 1907,

and that death occurred, on the date stated above, at 1:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

[illegible]

Oct 1 hour (DURATION) DAYS

Contributory (Primary) [illegible]

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Church Home Infirmary

Date Oct 5 1907

Place of Burial York Pa

Date Oct 7 1907

Undertaker Joseph B Cook

Address 100 E Ft Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 S. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name (Benny Cohen's infant)

{ Residence, if in Baltimore, Give Street and Number. } 208 S. High st

Duration of Residence in Baltimore. Life

C. 5331

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 6th 1907

AGE: ___ years, ___ months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ___

BIRTHPLACE (State or country): ~~Md~~ City

FULL NAME OF FATHER: Benny Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Emma Bernstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benny Cohen

(Address) 208 S. High St

Filed 10/6" 1907 HARRY C. ARCHER Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 6 1907

that I last saw h~~im~~ alive on Oct 6 1907

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Protracted Labor due to Breech presentation

(DURATION) 1 DAYS

~~Contributory~~ (Primary.) Asphyxia

(DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 1121 E. Baltimore

Date Oct 6 1907

Place of Burial Rose Dale Cemetery

Date Oct 6 1907

Undertaker Max Levinson

Address 620 N. Eden St

WM. J. C. DULANY CO., BALTIMORE

C 5332

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 Presbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ada Matthews

{ Residence, if in Baltimore, Give Street and Number. } 1635 Presbury St

Duration of Residence in Baltimore. Lifetime C 5332

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dec 13th 1895

AGE 11 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo Matthews

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Harriett Lee

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Brady.

(Address) 1635 Presbury St

Filed 10/7 1907 HARRY C. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1907 to Oct 5th 1907

that I last saw her alive on Oct 5th 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 4 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Leick M.D.

Address 1313 W. Northern

Date Oct 6th 1907

Place of Burial East View

Date Oct 7 1907

Undertaker Wm. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 N Bethel St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E Hall

{ Residence, if in Baltimore, Give Street and Number. } 507 N Bethel St

Duration of Residence in Baltimore. Life

C. 5333

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: March 27th 1907

AGE: ..... years, 6 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: George Hall

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Rosa Brooks

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Hall

(Address) 507 N. Bethel st

Filed 10/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5th 1907

I HEREBY CERTIFY, That I attended deceased from October 3rd 1907 to Octo 5th 1907

that I last saw him alive on October 5th 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Elijah J. Russell M.D.

Address 426 N Broadway

Date October 6th 1907

Place of Burial Osbourn Cemetery

Date Oct 7. 07

Undertaker P. A. Elliott

Address 506 Rogers Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fritz

{ Residence, if in Baltimore, Give Street and Number. } 417 Stockholm St.

Duration of Residence in Baltimore. 63 Years.

C. 6334

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 6th 1838

AGE 69 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Rudolph Heidlage

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emilia Mertz

(Address) 412 Stockholm St.

Filed ..... 190.....

HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Oct 7 1907

that I last saw h alive on Oct 6th 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

4 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Hammerbach M.D.

Address Light St. Murray

Date Oct 7 1907

Place of Burial Trinity Cemetery

Date Oct 8th 1907

Undertaker Lux & Lux John H. Teufel

Address 801 W. Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5335

CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 N. Milton Ave, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Prüss

{ Residence, if in Baltimore, Give Street and Number. } 803 N. Milton ave

Duration of Residence in Baltimore. life time

C. 133

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 9th 1907

AGE: ..... years, 2 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John F. Prüss

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna E. Langtoitz

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Son

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Prüss

(Address) 803 N. Milton ave.

Filed ..... 190.....

[illegible] CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 6th 1907 to Oct. 6th 1907

that I last saw h er alive on Oct. 4th 1907

and that death occurred, on the date stated above, at 9a

a M. CAUSE OF DEATH (Secondary or Immediate)

Oedema

(DURATION) 21 DAYS

Con'tributory (Primary) Double heart action

(DURATION) 89 DAYS

(Signed) H. Hempel, M.D.

Address 1103 Valley St.

Date Oct. 6th 1907

Place of Burial Baltimore Cemetery

Date Oct 7th 1907

Undertaker Alfred L. Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

114 ✓

CERTIFICATE OF DEATH.

C 5336

Registered No. B.....

City of Baltimore, (No. 119, N. Bond St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham Schapiro

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, ... months, ... days

~~SINGLE~~, MARRIED, WI~~DOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Wolf Schapiro

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Schapiro

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. G. Blusen

(Address) 119 n. Bond St

Filed

..... 190 .....

..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 6th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from oct 2nd 1907 to oct 6th 1907 that I last saw h.im alive on oct 6th 1907, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Senility.

(DURATION) ..... DAYS

Contributory Congestion of Lungs

(DURATION) 4 DAYS

(Signed) H. J. Kalin M.D.

(Address) 2032 Madison Ave

Oct 6th 1907

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Friend Rest Hen Run Cemetery

DATE OF BURIAL: Oct 7 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker, or other person superintending the burial, a certificate setting forth, ***twenty-four hours after death***, to the U... can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the caus...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2230 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eliza S. Price

{ Residence, if in Baltimore, Give Street and Number. } 2230 Fairmount Ave

Duration of Residence in Baltimore. About 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Nov 1st 1858

AGE: 48 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Hilliard Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Louisa Spiller

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Handy K. Price

(Address) 2230 Fairmount Ave

Filed 10/7/07 MARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 6th 1907

I HEREBY CERTIFY, That I attended deceased from About Jan 1905 to Oct 6th 1907

that I last saw her alive on Oct 6 1907

and that death occurred, on the date stated above, at 10th

M. CAUSE OF DEATH (Secondary or Immediate

Et Incurabilis

(DURATION) DAYS

Contributory (Primary) Pulmonary

Tuberculosis (DURATION) DAYS

(Signed) Mourneweck Rowe M.D.

Address 1835 E Baltimore St

Date October 7th 1907

Place of Burial Woodlawn Cemetery Md

Date October 8th 1907

Undertaker H. Allen Fuller

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 N. Hill St. (Woodberry) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin B Elkins

{ Residence, if in Baltimore, Give Street and Number. } 7 N Hill

Duration of Residence in Baltimore. Life

C. 33 6

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 12 1906

AGE: 1 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: R St. Elkins

BIRTHPLACE OF FATHER (State or country): Washington Co Tenn,

MAIDEN NAME OF MOTHER: Sallie E Taylor

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. St Elkins

(Address) 7 N Hill St

Filed 10/7/7 190

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28 1907 to Oct 5 1907

that I last saw him alive on Oct 5 1907,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 405 Fallsway City,

Date Oct. 6 1907

Place of Burial Green Mt.

Date Oct 7 1907

Undertaker W. Mansfield

Address 3539 Edmondson Road,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

C 5339

CERTIFICATE OF DEATH.

176

(Place of Death.) No. 206 Duncan Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ida Fiedler

{Residence, if in Baltimore, Give Street and Number.} 209 Duncan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 46 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Ign. Boranski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Boranski

(Address) 113 S. Ann st.

Filed 10/7 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Murder by Pistol

... (DURATION) ... DAYS

Con'ributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thos Guckir M.D.

Address 320 4 Greene st.

Date ... 190 ...

Place of Burial Holy Redeemer Cem.

Date Oct. 9th 1907

Undertaker Trundell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1

CERTIFICATE OF DEATH.

C 5340

159

(Place of Death.) No. Patrol wagon going to Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Friedler

{Residence, if in Baltimore, Give Street and Number.} 209 Duncan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Albert Friedler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Hisbeck

(Address) 330 S. Bond st.

Filed 10/7 1907. HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by pistol

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Thomas Ludlow Comm'r M.D.

Address 320 ½ Green st.

Date ... 190 ...

Place of Burial Holy Redeemer

Date Oct. 8th 190 7

Undertaker Wendell Bispeel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1794

CERTIFICATE OF DEATH.

Registered No. BC 5341

City of Baltimore, (No. 120, Dolphin St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victor J. Freeze

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb (Month) 24 (Day) 1907 (Year)

AGE: ——— years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm J Freeze

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: May Young

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Freeze

(Address) 120 Dolphin St

Filed 10/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Oct 6 1907

that I last saw h in alive on Oct 5 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 60 DAYS

Contributory ———

(DURATION) ——— DAYS

(Signed) Albert F. Corner M. D.

Oct 6 1907 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Loudenslager

DATE OF BURIAL: Oct 8 1907

UNDERTAKER: A F Pfeltz

ADDRESS: 1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 5342 Registered No. BC 5342

CERTIFICATE OF DEATH.

(Place of Death.) No. 235 Washington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Meta Buschmann

{Residence, if in Baltimore, Give Street and Number.} 23 S Washington St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1828

AGE 79 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bremen Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Miss Hannah Buschmann

Address 23 S. Washington St

Filed 10/7 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Oct 5 1907

that I last saw her alive on Oct 4 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart

Dropsy (DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Balto St

Date Oct 7 1907

Place of Burial Druid Ridge cemetery

Date Oct 8th 1907

Undertaker J. C. Schmidt Son

Address 3515 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C 5343 — Registered No. B C 5343

CERTIFICATE OF DEATH.

61 ✓

(Place of Death.) No. 1010 S. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Ludwig

{Residence, if in Baltimore, Give Street and Number.} 1010 S. Curley st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 5th 1905

AGE 1 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William G. Ludwig

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary V. Keen

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William G. Ludwig

(Address) 1010 S. Curley St.

Filed 10/7 1907 HARRY O'J ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1907 to Oct 5 1907

that I last saw h in alive on Oct. 4 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 14 DAYS

Con'ributory (Primary) Epilepsy (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Eaton St

Date Oct 6th 1907

Place of Burial Mt Carmel

Date October 7th 1907

Undertaker H. Sander & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C 5344

Ward 17 C 5344 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ernest Chase

{ Residence, if in Baltimore, Give Street and Number. } 537 W. Lanvale St.

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Judiths Co. Md.

FULL NAME OF FATHER: Ernest Chase

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mrs Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Chase

(Address) 537 N. Lanvale

FILED 10/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from September 1907 to 1907

that I last saw h in alive about Sept 14 1907,

and that death occurred, on the date stated above, at 1a m. M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 yr 1 day

Contributory (Primary) His work in Coal Yard.

(DURATION) DAYS

(Signed) M. A. Walters M.D.

Address 1711 Madison Ave.

Date Oct. 4, 1907

Place of Burial Greenmount Cem

Date Oct 7th 1907

Undertaker Sam'l H. Chase & Son

Address 1516 N. Calhoun St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C 5345 — Registered No. B C 5345

CERTIFICATE OF DEATH.

41

(Place of Death.) No. 1836 Wilhelm St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Albright.

{Residence, if in Baltimore, Give Street and Number.} 1836 Wilhelm St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar. 11th 1856

AGE 51 years, 6 mont's, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Peter Weigand

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Bader

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Kahl

(Address) 1738 N Appleton St

Filed 10/7 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th. 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Oct. 5 1907 that I last saw her alive on Oct. 5 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Intestines + Peritonitis

(DURATION) 60 DAYS

Con Hysteria (Primary) Heart Failure

(DURATION) 1 DAYS

(Signed) G. W. Slate Jr. M.D.

Address 1703 W. Fayette St.

Date Oct. 5 1907

Place of Burial Lorraine Cemetery

Date October 8th 1907

Undertaker Wilhelm Bros

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 16 C 5346 Registered No. B C 5346

CERTIFICATE OF DEATH. 81

(Place of Death.) No. 643 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Francis McWilliams

{Residence, if in Baltimore, Give Street and Number.} 643 N. Calhoun St. City.

Duration of Residence in Baltimore. Dont know

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: June 22 1842

AGE: 65 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Charles County Md.

FULL NAME OF FATHER: John McWilliams

BIRTHPLACE OF FATHER (State or country): St. Mary's County Md.

MAIDEN NAME OF MOTHER: Loretto Boarman

BIRTHPLACE OF MOTHER (State or country): Charles County Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. McWilliams,

(Address) 643 Calhoun St.

Filed 10/7 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4. 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Oct 4 1907 that I last saw him alive on Oct 4 1907, and that death occurred, on the date stated above, at 6.08 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion — from Hypostatic pneumonia.

(DURATION) 3 DAYS

Contributory (Primary.) Arterio Sclerosis - Cerebral Thrombosis (DURATION) 6 mos. DAYS

(Signed) H D. McCarty M.D.

Address 408. N. Carrollton Ave

Date Oct 4th. 1907

Place of Burial Cathedral Cem

Date Oct 8 1907

Undertaker Lowe Co No 6

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 5347 — Registered No. B C 5347

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 107. N. High St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Brochanusky

{Residence, if in Baltimore, Give Street and Number.} 107 N. High St

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1815

AGE 92 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Isaac Greenberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ester Labie

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Feingold

(Address) 107 N High st

Filed 10/7/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Oct 1 1907 that I last saw her alive on Oct 1 1907 and that death occurred, on the date stated above, at 11 p. m. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) 15 DAYS

Contributory (Primary.)

Old age (DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto. St

Date Oct. 6th 1907

Place of Burial Roos Dale Cemetry

Date Oct 7, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C 5348 Registered No. B C 5348

61

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John D. Blum

{Residence, if in Baltimore, Give Street and Number.} 826 N. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 27 1883

AGE 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John G Blum

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johnny Kuffer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Furniture

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cooper Blum

(Address) 6172 Michigan

Filed 10/7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5. 1907

I HEREBY CERTIFY, That I attended deceased from Sep. 15 1907 to Oct 5 1907 that I last saw h in alive on Oct. 5 1907, and that death occurred, on the date stated above, at 7.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

Cardiac Dilatation

24 hours (DURATION) DAYS

Con'tributory (Primary.) Meningitis

4 weeks (DURATION) DAYS

(Signed) Eugene L. Pennington M.D.

Address St Joseph's Hospital

Date Oct 5, 1907

Place of Burial St. Matthews

Date Oct 8 1907

Undertaker Robt J Turner

Address # 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5349

Ward 17

C 5349 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 Brighton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jeannette Rumno.

{Residence, if in Baltimore, Give Street and Number.} 1125 Brighton St.

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER James White

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Rebecca White

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs R. Simms

(Address) 1125 Brighton St.

Filed 10/7/07 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1907 to Oct 6 1907

that I last saw h.. alive on Oct. 4 1907

and that death occurred, on the date stated above, at 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) DAYS

Contributory (Primary) Ac. Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) W. J. Carr M.D.

Address 515 Mosher St.

Date Oct. 6 1907

Place of Burial Mt Auburn Cemetery

Date October 8 1907

Undertaker Felix B. Daye

Address 102 E. Hillberry St.

Please disinfect entire premises. W. J. Carr, M.D.

WM. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 5350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

91 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5350

City of Baltimore, (No. 1715, Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Richmond, Va.

FULL NAME OF FATHER: Herbert Carter

BIRTHPLACE OF FATHER (State or country): Richmond, Va

MAIDEN NAME OF MOTHER: Laura Taylor

BIRTHPLACE OF MOTHER (State or country): Richmond, Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Laura Williams

(Address) 1715 Division St.

Filed 10/7 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 6 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1907 to Oct 6 1907 that I last saw h~~er~~ alive on Sept 6 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

about (DURATION) 30 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) L Tyler Smith M. D.

Oct 6 1907 (Address) 1715 Division

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Oct 8 1907

UNDERTAKER: Felix B. Taye

ADDRESS: 102 E. Hulbert St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. B 5351

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 Norris St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann M LeBorn

{ Residence, if in Baltimore, Give Street and Number. } 302 Norris St. LeBond

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Edw Leeds

BIRTHPLACE OF FATHER (State or country) Eng.

MAIDEN NAME OF MOTHER Elizabeth Hatchew

BIRTHPLACE OF MOTHER (State or country) N Y

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address)

Filed Jan 10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to Oct 5 1907

that I last saw her alive on Oct 4 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) ... DAYS

Contributory (Primary.) Diarrhoea

(DURATION) ... DAYS

(Signed) Walter A Coe M.D.

Address 542 Fulton Ave

Date Oct 6 1907

Place of Burial Ft. Pelvis

Date Oct 7th 1907

Undertaker John J Fields

Address 1200 W. Pratt st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 5352

Registered No. B C 5352

CERTIFICATE OF DEATH.

119 ✓

(Place of Death.) No. 226 S Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Lawrence Barker

{Residence, if in Baltimore, Give Street and Number.} 226 S Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm H Barker

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Hitchcock

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Boerner

(Address) 226 S Ann St

Filed 10/7 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-6- 1907

I HEREBY CERTIFY, That I attended deceased from Oct-3 1907 to Oct 6- 1907

that I last saw h- alive on Oct 6 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Hemorrhage

3 Hrs —

(DURATION) ..... DAYS

Contributory (Primary.) Coma - Uremia

(DURATION) 2 DAYS

(Signed) Jno E Bonner M.D.

Address 125 E Broadway

Date Oct-6 — 1907 ✓

Place of Burial London Park

Date Oct 9th 1907

Undertaker H O Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward C 5353 Registered No. B C 5353

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry A. Mash

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col.

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 10/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to Oct. 4 1907

that I last saw h alive on Oct. 4 1907

and that death occurred, on the date stated above, at 11 9 M. CAUSE OF DEATH (Secondary or Immediate

Pyemia

DURATION DAYS

Contributory (Primary) Pott's Disease

DURATION DAYS

(Signed) Pott. P. Bay M.D.

Address Bay View

Date Oct. 5- 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 5 - 1907

Undertaker Williams & Woodus

Address 1810 Aisquith St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

11 27

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B 3354 ~~3354~~

CERTIFICATE OF DEATH.

150

(Place of Death.) No. St. Vincent Inf. Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sabina Lennon

{Residence, if in Baltimore, Give Street and Number.} St Vincent — Lennon

~~Duration of Residence in Baltimore.~~

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH Sept 17 1907

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Ena Lennon

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/7 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cramp —

Gastritis ..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) P. S. Martin M.D.

Address .....

Date Oct 3 1907

Place of Burial BALTO. MEDICAL COLLEGE

Date OCT 5 - 1907 190 ....

Undertaker Quantrine Funl. Co.

Address Veall Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

232

C 5355

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5355

City of Baltimore, (No. 612 Bruce — St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Randall

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Richmond Va

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Richmond Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/7 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Oct 2nd 1907 that I last saw h[illegible] alive on Oct 1st 1907 and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Diabetis

(DURATION) 14 DAYS

Contributory Pneumonia

(DURATION) 14 DAYS

(Signed) C. W. Barker — M. D.

Oct 3rd 1907 (Address) 1116 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL | DATE OF BURIAL OCT 1907

UNDERTAKER | ADDRESS Hallowell

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

Commissioner Health.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward C 5356 Registered No. B C 5356

CERTIFICATE OF DEATH.

1054

(Place of Death.) No. 2606 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Stanelska

{Residence, if in Baltimore, Give Street and Number.} # 2606 Hudson St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 19 1906

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ignaci Slawtski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Kobt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignaci Slawtski

(Address) 2606 Hudson St

Filed 10/7 1907 HARRY O'T ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1907 to Oct. 6 1907

that I last saw h alive on Oct 5 1907,

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION 18 DAYS)

Contributory (Primary.)

(DURATION DAYS)

(Signed) Johann. Rebberger M.D.

Address # 1709 Alice Anna

Date October 7th, 1907

Place of Burial St. Stanislaus

Date Oct 7 1907

Undertaker Jos. Zborowski

Address 1742 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

V

C 5357

C 5357

Ward ..... Registered No. B .....

111 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 S Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Waronika Kazlowska

{ Residence, if in Baltimore, Give Street and Number. } 608 S Durham

Duration of Residence in Baltimore. 5 months

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1

AGE 4 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bilotzy Miss

FULL NAME OF FATHER: Joseph Kozlowska.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Wanda Sawluk.

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kozlowski

(Address) 668 S Durham St

Filed 10/7 1907

HARRY C. [illegible] Registrar,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 = 1907

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h ~ alive on ~ 190 .

and that death occurred, on the date stated above, at 845 a.m. CAUSE OF DEATH (Secondary or Immediate)

cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlow Armen M.D.

Address 320 ½ Greene St.

Date Oct 7 1907

Place of Burial Holy Rosary.

Date Oct 8 1907

Undertaker M F Sadowski

Address 703 S. Conn St

H. P. C

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 Registered No. B C 5358

CERTIFICATE OF DEATH.

C 5358

(Place of Death.) No. 1330 N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.) Hemorrhage of Stomach

Full Name Infant Child Maguire

{Residence, if in Baltimore, Give Street and Number.} 1330 N. Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

Male | COLOR White

DATE OF BIRTH Oct 7 1907

AGE 4 Hours
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER C. H. Maguire

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER M. A. Lemmon

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Maguire

(Address) 1330 N. Broadway

Filed 10/9 1907 HARRY O. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1907 to Oct. 7 1907

that I last saw h[illegible] alive on Oct. 7 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

Abnormal Premature Labor (DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A. Meyer M.D.

Address 1031 N. Calvert

Date Oct. 7 1907

Place of Burial Baltimore Cemetery

Date Oct 7 1907

Undertaker Henry Lutz

Address 1007 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 5359 Registered No. B C 5359

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 13 Penn St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Sadie Booker

{Residence, if in Baltimore, Give Street and Number.} 13 Penn St.

Duration of Residence in Baltimore. 13 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Sept 23 1907

AGE: 0 years, 0 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Samuel Booker

BIRTHPLACE OF FATHER (State or country): Richmond Va.

MAIDEN NAME OF MOTHER: Sadie Teats

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Infant X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Booker

(Address) 13 Penn St

Filed 10/7 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Oct 6th 1907 that I last saw her alive on Oct 6th 1907 and that death occurred, on the date stated above, at 1225 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 13 DAYS

Contributory (Primary.) Premature birth (DURATION) DAYS

(Signed) H. W. Harbaugh M.D.

Address 622 W Lombard St.

Date Oct 6th. 1907

Place of Burial Mt auburn cem

Date oct 8 1907

Undertaker Geo H Hooker

Address 609 E Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 C 5360 Registered No. B C 5360

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 226 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ann Clarsen

{Residence, if in Baltimore, Give Street and Number.} 226 Hickory ave

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1835

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel Dowling

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cant know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Clarsen

(Address) 226 Hickory ave

Filed 10/7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 th 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Oct 5th 1907

that I last saw her alive on Oct 5th 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Indigestion

a general break down from age & hard work - was partially

Paralyzed 4 or 5 years ago (DURATION) 0 Mos DAYS

Con'tributory (Primary.) A very strenuous life

(DURATION) ..... DAYS

(Signed) Geo. H. Cairnes M.D.

Address 21 W 25th street

Date Oct 6th 1907

Place of Burial Catholic Bonnie Brae Cem.

Date Oct 8th 1907

Undertaker John A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

Dr. Cairnes
S.E. Cor. Maryland & 20th St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C 5361 — Registered No. B C 5361

61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvin Meekins

{Residence, if in Baltimore, Give Street and Number.} 1314 N. Spring st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: ~~Sept 7th~~ 1905

AGE: 2 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Aaron Meekins

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Jane Chew

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aaron Meekins

(Address) 1314 N. Spring St

Filed 10/7/1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 5 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 30 - 1907 to Oct. 5 - 1907 that I last saw h[illegible] alive on [illegible] 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro-spinal meningitis

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date October 6 - 1907

Place of Burial Bonnies Dale Cem md

Date Oct. 8th 1907

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 5362

Ward 8½ C 5362 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2413 E. Federal St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara M. Noll

{Residence, if in Baltimore, Give Street and Number.} 2413 E. Federal St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 17 1876

AGE: 31 years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Barnickel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Neubauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Noll

(Address) 2413 Federal St.

Filed 10/7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Sept 15 1907 to Oct 4 1907

that I last saw h alive on Oct 4 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferis Buck M.D.

Address 2844 St Paul St

Date Oct 5-07

Place of Burial Holy Redeemer Cem

Date Oct 8 1907

Undertaker Germanus France

Address Bauh & Wolfe Sts

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 5363

City of Baltimore, (No. 1923 E. Pratt St.; 2 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert L. Bachmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 10 (Month) (Day) 1906. (Year)

AGE: 1 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank J Bachmer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hellen E. Ellebe

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hellen E. Bachmer

(Address) 1923 E. Pratt St.

Filed 10-7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 5 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25 190 to October 5 190 7

that I last saw him alive on October 5 190 7,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Gastro enteritis toxaemia

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) L G Reinhard M. D.

October 5 190 7 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Oct 7, 190 7.

UNDERTAKER: Germanus Frank

ADDRESS: Gant & Wolfe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st — C 5364 — Registered No. B C 5364

CERTIFICATE OF DEATH.

47V

(Place of Death.) No. 125 S. Wolfe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Dannenmann

{Residence, if in Baltimore, Give Street and Number.} 125 S. Wolfe St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: June 21st 1883

AGE: 24 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Eckel

BIRTHPLACE OF FATHER (State or couutry): Germany

MAIDEN NAME OF MOTHER: Margaret Fischer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Dannenmann

(Address) 125 Wolfe St.

Filed 10/7/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October - 4 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept. - 1 - 1907 to Oct. 1907 that I last saw h-er alive on Oct. - 4 1907, and that death occurred, on the date stated above, at 7.15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 2 DAYS

Contributory (Primary.) Rheumatic fever

Pleurisy, Endocarditis (DURATION) 30 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date October - 4 - 1907

Place of Burial Holy Redeemer Cemetery

Date October 8 1907

Undertaker Germanus Franck

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5365

Registered No. B.....

City of Baltimore, (No. 6 E Hamburg St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara F. Hoefel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 23rd (Day) 1864 (Year)

AGE: 43 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Dorsey Hoefel

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Hoefel

(Address) 6 E Hamburg St

Filed 10/7" 1907

HARRY O. INDREBO, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 5 1907

that I last saw h[illegible] alive on Oct 4 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

5 Months,

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) Herman Buelg M. D.

1907 (Address) 1418 Light St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem | DATE OF BURIAL: Oct 8 1907

UNDERTAKER: J. Schlemmer & Son | ADDRESS: 1034 Hanover St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...Department, City of Baltimore.

Ward 10 C 5366 Registered No. B C 5366

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 1032 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Herrmann

{Residence, if in Baltimore, Give Street and Number.} 1032 Aisquith St.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 29th 1850

AGE 57 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gregory Herrmann

(Address) 1632 Aisquith St.

Filed 10/7 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7th 1907

I HEREBY CERTIFY, That I attended deceased from August 14th 1907 to Oct. 7th 1907

that I last saw him alive on Oct. 6th 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Chronic Nephritis (DURATION) 6 DAYS

Contributory (Primary) in attendance 2 months (DURATION) DAYS

(Signed) Charles A. Meyer M.D.

Address 1031 N. Caroline St.

Date October 7th 1907

Place of Burial Baltimore Cemetery

Date Oct 9 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5367

C 5367

Ward 14

Registered No. B 15°

CERTIFICATE OF DEATH.

(Place of Death.) No. 1417 1419 Myrtle Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Wilbert Downes

{Residence, if in Baltimore, Give Street and Number.} 1419 Myrtle Av

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 6 1907

AGE: 14 hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank W. Downes

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Esther Coffin

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Frank Downes

(Address) 1417 Myrtle Av

Filed 10/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 6 1907

that I last saw him alive on Oct 6 1907

and that death occurred, on the date stated above, at 11 35 (0135) P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Malformation of heart - cyanosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Frederick Leitz M.D.

Address 1340 N. North Av

Date Oct 7 - 1907

Place of Burial London Park Cem.

Date Oct 8 1907

Undertaker John E. Stough & Co

Address 1422 Penna Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5368

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1514

CERTIFICATE OF DEATH.

Registered No. B C 5368

City of Baltimore, (No. 1545, Newington Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel H Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 6 (Day) 1907 (Year)

AGE: ..... years, ... months, 9 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel H Sullivan

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Irene Dailey

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel H Sullivan

(Address) 1545 Newington Pl

Filed 10/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 6 1907

that I last saw him alive on Oct 6 1907, 12.20 P M. and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Premature birth

(DURATION) 9 hours

Contributory .....

(DURATION) ..... DAYS

(Signed) A R Adams M. D.

Oct 7 1907 (Address) 923 W Camden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? V

PLACE OF BURIAL: Loudon Park Bonnie Brae

DATE OF BURIAL: Oct 8 1907

UNDERTAKER: John E Stough Co

ADDRESS: 1422 Bank ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 5369 Registered No. B C 5369

641

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Smith

{ Residence, if in Baltimore, Give Street and Number. } 1426 Bond St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 2 1843

AGE 63 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Reed.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Lynch

(Address) 1426 Bond St.

Filed 10/7" 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1907 to Oct 6 1907 that I last saw her alive on Oct 6 1907, and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

apoplexy

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wolcombe M.D.

Address 161 Burdett Ave

Date Oct 7 1907

Place of Burial Washington D.C.

Date Oct 8 1907

Undertaker Robt F Lemmon

Address 1342 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 5370 — Registered No. B C 5370

159 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hotel Rennert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name H. F. W. Hartnagle

{Residence, if in Baltimore, Give Street and Number.} Charlottesville, Va.

Duration of Residence in Baltimore. Two months

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Jan. 2 — 1860

AGE: 47 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Fred. Hartnagle

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lot Evans

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. F. W. Hartnagle

(Address) Charlottesville Va.

Filed 10/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1907 to Oct. 6 1907

that I last saw him alive on Oct. 5 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wound in head Suicide.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Haydon M.D.

Address 216 E. Caroline st Richmond

Date Oct. 7 1907

Place of Burial Charlottesville Va

Date Oct. 7 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. B C 5371

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 Lloyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Etta Singer Butcher

{Residence, if in Baltimore, Give Street and Number.} 24 Lloyd St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ismid Butcher

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Butcher

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Butcher

(Address) 24 Lloyd st

Filed Oct 8th 1907 HARRY S. ANDREWS, PERMIT CLERK. Registrar

C. A. H. O. E.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Oct 7 1907 that I last saw h[illegible] alive on Oct 6 1907 and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Erysipelas

(DURATION) 5 DAYS

(Signed) Chas. F. Bloch M.D.

Address 1523 E Balto

Date Oct 7 1907

Place of Burial Rosedale Cemet

Date Oct 8. 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 5372 Registered No. B C 5372

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margen Margaveli.

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	27 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Austria
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew, Matyowecz

(Address) 12, Saw, Mill Sparrows Pt

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 5 1907

that I last saw h[illegible] alive on Oct 5 1907.

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Perforation

Ten hours. (DURATION) DAYS

Con'tributory (Primary.) Typhoid fever 4.03.

(DURATION) 10 DAYS

(Signed) W. W. Barney M.D.

Address Md. Gen. Hosp.

Date Oct 7 1907

Place of Burial St. Stanislaus

Date October, 8 1907

Undertaker Jacob Trail (Corst G)

Address 428, S. Bond. St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 65373

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James A Donnell

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1907 to Oct. 6 1907

that I last saw him alive on Oct. 6 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View.

Date Oct. 7 1907

Place of Burial Sacred Heart

Date Oct. 8 1907

Undertaker Evans & Spence

Address 1[illegible]30 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5374

Ward ..... Registered No. B .....

C 5374

CERTIFICATE OF DEATH.

119

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J. Evans

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 8/74

AGE: 33 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John L Evans

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Do Not Know

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/8 1907 HARRY O. ANDRESS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1907 to Oct 7 1907

that I last saw h ... alive on Oct. 7 1907

and that death occurred, on the date stated above, at 8 9 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Terminal)

(DURATION) DAYS

Con'ributory (Primary) Acute Nephritis

(DURATION) DAYS

(Signed) Prof. P. Bay M.D.

Address Bay View

Date Oct 7. 1907

Place of Burial Baltimore Cemetary

Date Oct 1907

Undertaker John J Gakey

Address 1237 Hillman St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 5375

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5375

Registered No. B.....

City of Baltimore, (No. 1331 W North Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Turner

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female — COLOR: White	DATE OF DEATH: Oct (Month) 6 (Day) 1907 (Year)
DATE OF BIRTH: Jan (Month) 17 (Day) 1866 (Year)	I HEREBY CERTIFY, That I attended deceased from Sept 27 1907 to Oct 6 1907
AGE: 40 years, ... months, ... days	that I last saw her alive on Oct 6 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH was as follows:
BIRTHPLACE (State or country): Balto Md	Tubercular Peritonitis
FULL NAME OF FATHER: Jas Freyer	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country): Balto Md	Contributory Anaemia (DURATION) DAYS
MAIDEN NAME OF MOTHER: Susan H Dutton	(Signed) J. H. Melvin M.D.
BIRTHPLACE OF MOTHER (State or country): Balto Md	Oct 6 1907 (Address) 1303 W. Pratt
OCCUPATION OF DECEASED:	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Former or Usual Residence ..... How long at Place of Death ..... Days
(Informant) Mrs Turner	Where was disease contracted, if not at place of death?
(Address) 1331 W North ave	PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Oct 9 1907
Filed 10/8 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar	UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5376

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5376

Registered No. B.....

City of Baltimore, (No. 1616, Patterson Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leslie A. Peeling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 21st 1906 (Month) (Day) (Year)

AGE: — years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo Peeling

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Mann

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo Peeling

(Address) 1616 Pat. Av.

Filed 10/8 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 7 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1907 to Oct. 7 1907

that I last saw h.. alive on Oct 6 1907,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Peritonitis due to swallowing sharp substance causing intes. abscess.

(DURATION) 5 DAYS

Contributory Ex Laparotomy

(DURATION) one DAYS

(Signed) E A Smith M.D.

Oct 7 1907 (Address) 1605 N Monk Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Frankesburg Md

DATE OF BURIAL: Oct 9 1907

UNDERTAKER: W M Rowlson

ADDRESS: 230 N Green

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5377

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

C 5377

Registered No. B .....

City of Baltimore, (No. 2325 Calvert St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bettie H. Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 19 (Day) 1835 (Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Richmond

FULL NAME OF FATHER: Francis B. Hart

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha D. Hart

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frank Hart

(Address) 2326 N Calvert st

Filed 10/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 6 (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Heart Disease

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Charles Guillemin M. D.

Oct 7 190 7 (Address) 1811 E. Cold 2

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Oct 8 190 7

UNDERTAKER: E M Mitchell | ADDRESS: 1201 N Fayette ✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

C 5378

Registered No. B C 5378

26

CERTIFICATE OF DEATH.

(Place of Death.) No. 566 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Spencer

{Residence, if in Baltimore, Give Street and Number.} 566 Oxford St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colord

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt Co

FULL NAME OF FATHER William Boyer

BIRTHPLACE OF FATHER (State or country) Howard Co

MAIDEN NAME OF MOTHER Hannah Boyer

BIRTHPLACE OF MOTHER (State or country) Howard Co

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Boyer

(Address) 566 Oxford st

Filed 10/8 1907

HARRY C. ANDREWS?
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 6 1907

that I last saw h-r alive on Oct 6 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Laryngitis

6 mos (DURATION) DAYS

Con'ributory (Primary.) Asthma

(DURATION) 6 DAYS

(Signed) E L Norwood M.D.

Address 739 N Fay Et

Date Oct 7 1907

Place of Burial Mount Auburn

Date Oct 9 1907

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — C 5379 — Registered No. B C 5379

HEALTH DEPARTMENT, City of Baltimore.

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 542 Lemhardt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Fleetwood

{ Residence, if in Baltimore, Give Street and Number. } 542 Lemhardt St

Duration of Residence in Baltimore. 6 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Robert Turner

BIRTHPLACE OF FATHER (State or country): Balt City

MAIDEN NAME OF MOTHER: anna Fleetwood

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) anna Jones

(Address) 542 Lamhardt St

Filed 10/8 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 7 1907

that I last saw her alive on Oct 5 1907

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 90 DAYS

Contributory (Primary) Chronic Indigestion

(DURATION) Cel DAYS

(Signed) R. L. Blake M.D.

Address 2028 N. Howard St

Date Oct 8 1907

Place of Burial Loudon Cemetery

Date Oct 9 1907

Undertaker John H Owens & Son

Address 1212 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 5380 Registered No. B C 5380

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Parrish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James MacCall

{ Residence, if in Baltimore, Give Street and Number. } 1424 Parrish al

Duration of Residence in Baltimore. one year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Joseph MacCall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Snowden

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth MacCall

(Address) 1424 Parrish al

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 5th 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate) Carbolic acid poisoning

Killed instantly (DURATION) DAYS

Contributory (Primary.) Suicide

(DURATION) DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lafayette av. (Coroner)

Date Oct 7th 1907

Place of Burial Washington Mem

Date October 8th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

1

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5381 Registered No. B C 5381

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Engold

{Residence, if in Baltimore, Give Street and Number.} 1408 Bruant St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Ed

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Husband

(Address) 523 W Hoffman St

Filed 10/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5, 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1907, to Oct. 5, 1907, that I last saw her alive on Oct. 5, 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition from ..... (DURATION) ..... DAYS

Con'ributory (Primary.) Gastric carcinoma ..... (DURATION) ..... DAYS

(Signed) Edw. Magruder M.D.

Address 922 Madison Ave.

Date Oct. 6, 1907.

Place of Burial Mt. Auburn

Date October 8th 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5382

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1051

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5382

City of Baltimore, (No. 263 N. Exeter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Chasen

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Abraham Chasen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Yetta Rosenblatt

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Chasen

(Address) 263 N Exeter St

Filed 10/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Oct 8 1907

that I last saw him alive on 1 1907,

and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Marasmus

Six months (DURATION) DAYS

Contributory Diarrhoea

2 weeks (DURATION) DAYS

(Signed) A. J. Freedman M. D.

10/8 1907 (Address) 918 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Rosedale Cemetery

DATE OF BURIAL Oct 8 1907

UNDERTAKER May Levinson

ADDRESS 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...EALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B ~~C 5382~~ C 5383

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. St. Joseph's Germon Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Schanagle

{ Residence, if in Baltimore, Give Street and Number. } 2235 Eastern Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1859

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Mr. Lang

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hoffman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph P. Schanagle

(Address) 2235 Eastern ave.,

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 24 1907 to Oct. 6 1907

that I last saw her alive on Oct. 6 1907,

and that death occurred, on the date stated above, at 9 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

70 hours (DURATION) ..... DAYS

Contributory (Primary.) Chronic nephritis (DURATION) ..... DAYS

(Signed) Wm. P. Schmitz M.D.

Address St. Josephs Germon Hosp.

Date Oct. 6 - 1907 1907

Place of Burial Schwartz-Cemetery

Date Oct 8th 1907

Undertaker H. S. Frick

Address 2118 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 5384 Registered No. B C 5384

105

CERTIFICATE OF DEATH.

(Place of Death.) No 661 Portland St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Geiges

{ Residence, if in Baltimore, Give Street and Number. } 661 Portland St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH [illegible] 1907

AGE 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Joe Geiges

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Eva Paseska

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Geiges

(Address) 661 Portland St

Filed 10/8 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7th 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to 7th 1907

that I last saw him alive on Oct 5th 1907.

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Nichols M.D.

Address 504 Stricker

Date Oct. 7th 1907

Place of Burial St. Alphonsus Cem.

Date Oct 9th 1907

Undertaker M. S. Frick

Address 2113 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 5385 Registered No. B C 5385

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2301 Oak St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Lovell

{Residence, if in Baltimore, Give Street and Number.} 2301 Oak St

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept. 20 — 1875

AGE: 32 years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jesse R. Hopkins

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary C. Hoover

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Hopkins

(Address) 2301 Oak St

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 7th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1907 to Oct 7th 1907

that I last saw her alive on Oct 7 1907

and that death occurred, on the date stated above, at 4.30 P.M.

CAUSE OF DEATH (Secondary or Immediate) Phthisis Pulmonalis

(DURATION) 15 Mos DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. W. Fair M.D.

Address 12. E. 25th

Date Oct 7th 1907

Place of Burial St. Marys Hampden

Date October 9th 1907

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5386

Ward 11

C 5386

Registered No. B 44

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Bentz

{ Residence, if in Baltimore, Give Street and Number. } 406 S. Calhoun St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 3. 1844

AGE: 63 years, 8 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Casper Bentz.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Ann

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Marcella Bentz.

(Address) 406 S. Calhoun St.

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Augt 6 1907 to Oct 6th 1907 that I last saw him alive on Oct 5th 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Jaw & face

Three months (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John [illegible] M.D.

Address 101 Courtland Ave

Date Oct 7th 1907

Place of Burial Woodlawn Cem.

Date October 9 1907

Undertaker J. R. Cook

Address 1003 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5387

120

City of Baltimore, (No. 17 W. Hill St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph L. Haig

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH: June (Month) 17 (Day) 1820 (Year)

AGE: 82 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Haig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lambert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Ira M Magee

(Address) 17 W Hill St.

Filed Oct 8 1907

HARRY O. ANDERSON
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to October 6 1907

that I last saw him alive on Oct. 6 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Senile decay

Hypostatic pneumonia

Broken cardiac compensation

Contributory Chronic Interstitial Nephritis (DURATION) 7 DAYS (DURATION) Indefinite DAYS

(Signed) E. W. Burns M. D.

Oct 7 1907 (Address) 400 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Oct 9 1907

UNDERTAKER: F A Krause Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 5388 — Registered No. B C 5388

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 746 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 746 W. Franklin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH about 33 yrs 1

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) city

FULL NAME OF FATHER Chas Zimmerman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna H Forester

BIRTHPLACE OF MOTHER (State or country) city

OCCUPATION OF DECEASED Shirt waist cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Zimmerman

(Address) 717 Greenmount Ave

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 22nd 1907 to October 6th 1907

that I last saw h[illegible] alive on October 5 1907,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.)

Acute Nephritis (DURATION) 12 DAYS

(Signed) Robt. J. Murray, M.D.

Address 510 N. Fremont Ave.

Date October 7th 1907

Place of Burial Balto Cemetery

Date Oct 8 1907

Undertaker Wm J Turner & Son

Address Camden & Pine Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 12 C 5389 Registered No. B C 5389

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward F. Carroll Jr

{ Residence, if in Baltimore, Give Street and Number. } 551 S. Paca st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Edward F. Carroll

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Charlotte. Whibdy

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Press Feeder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward F. Carroll Jr

(Address) 551 S. Paca St

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Oct 6 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Shock from internal injuries

(DURATION) DAYS

Contributory (Primary.) Accidentally

Concussion of brain (DURATION) DAYS

(Signed) Benj. B. Hayden, Coroner M.D.

Address 216 N. Caroline st

Date Oct. 8 1907

Place of Burial Cathedral Cem

Date Oct 9 1907

Undertaker F. J. Tickner & Sons

Address Edmondson & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23

C 5390

Registered No. B C 5390

CERTIFICATE OF DEATH.

154

(Place of Death.) No. #154 West Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Juliana Keller

{Residence, if in Baltimore, Give Street and Number.} 154 W. Cross St.

Duration of Residence in Baltimore. 56 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 26 1820

AGE 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Heckman

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Daughter)

(Informant) Mary A Stang.

(Address) 154 W Cross St

Filed 10/8 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 1907

that I last saw h.. alive on Oct 6 1907

and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age.

(DURATION) DAYS

Con'ributory (Primary) what I jud Old Age.

(DURATION) DAYS

(Signed) Henry H Imhoff M.D.

Address 527 S Charles

Date Oct 8 1907

Place of Burial Holy Cross Cem (agent)

Date Oct 9 1907

Undertaker C Harold

Address 115 E West St..

WM. J. C. DULANY CO., BALTIMORE

BY SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 5391 — Registered No. B C 5391

17 ✓

CERTIFICATE OF DEATH.

(Place of Death.) ~~No~~ Pier # 5 Locust Point ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Thompson 6.

{ Residence, if in Baltimore, Give Street and Number. } 419 N Spring St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Dont know

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont know.

BIRTHPLACE OF FATHER (State or country): Dont know.

MAIDEN NAME OF MOTHER: Dont know.

BIRTHPLACE OF MOTHER (State or country): Dont know

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Thompson 6 son

(Address) 419 N. Spring St

Filed 10/8 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2. 1907

Body found October 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Drowning.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ellis McReinhardt M.D.

Address Coroner

Date October 7 1907

Place of Burial Mt Zion Cemetery

Date Oct. 8th 1907

Undertaker Charles G Bailey

Address 1424 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 14 C 5392 Registered No. B C 5392

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Geo. P. West.

{Residence, if in Baltimore, Give Street and Number.} 1409 Madison Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Dec 27, 1869

AGE 37 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER George Page West.

BIRTHPLACE OF FATHER (State or country) Baltimore.

MAIDEN NAME OF MOTHER Emma Lauerweiss

BIRTHPLACE OF MOTHER (State or country) Baltimore

~~OCCUPATION~~ OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Lauerweiss

(Address) 1409 Madison Ave

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1907 to Oct 6th 1907 that I last saw him alive on Oct 6th 1907, and that death occurred, on the date stated above, at 9.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of bowel

(three) (DURATION) 3 DAYS

Contributory (Primary.) Typhoid fever (DURATION) 24 DAYS

(Signed) R. H. Wallis. M.D.

Address 3 East Read St

Date Oct. 6th 1907

Place of Burial Gr. E. Enmount

Date Oct 9th 1907

Undertaker Holt Jenkins Sons Co

Address 300 No. Madison St. Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 5393 Registered No. B C 5393

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Rothschild

{Residence, if in Baltimore, Give Street and Number.} 2830 Parkwood ave

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept July 9. 1874

AGE: 33 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Meyer Rothschild

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Designer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Goebrecht

(Address) 1327 Madison ave

Filed 10/8" 1907 HARRY O. ANDREW Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 26 1907 to Oct 6 1907 that I last saw h alive on Sept 6 1907, and that death occurred, on the date stated above, at 145 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 4 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 14 DAYS

(Signed) Chas. Goebrecht M.D.

Address Hebrew Hospital

Date Oct 6-07 1907

Place of Burial Balto Hebrew Cem

Date Oct 8/07 1907

Undertaker Jacob Ahrens & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

C 5394

Registered No. B C 5394

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Lowry

{Residence, if in Baltimore, Give Street and Number.} 10 York St.

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: White.

DATE OF BIRTH: Unknown. 1

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S — 1

BIRTHPLACE (State or country): Md —

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 6 — 1907

that I last saw h. alive on Oct 6 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

(DURATION) — DAYS

Contributory (Primary.) Peritonitis

(DURATION) 3 DAYS

(Signed) H. H. Eskew M.D.

Address Balto City Hospital

Date Oct — 6 — 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 7 - 1907 190

Commissioner Health.

Undertaker

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...Department, City of Baltimore.

Ward V C 5395 Registered No. B C 5395

1V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Kuzyka Mike Kuzaka

{ Residence, if in Baltimore, Give Street and Number. } 733 E. Bond St.

Duration of Residence in Baltimore. 2 1/4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 5 1887

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene L. Pinaya

(Address) St Joseph's Hosp.

Filed 10/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Oct 6 1907 that I last saw h in alive on Oct 5 1907, and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

2 hours (DURATION) ... DAYS

Contributory (Primary) Typhoid

3 weeks (DURATION) ... DAYS

(Signed) Eugene L. Pinaya M.D.

Address St Joseph's Hosp.

Date Oct 7 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 7 - 1907 190...

Undertaker Commissioner Health.

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

329

Ward 4 — C 5396 — Registered No. B C 5396

CERTIFICATE OF DEATH.

(Place of Death.) No. 156 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Peart

{Residence, if in Baltimore, Give Street and Number.} 156 N. Gay st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	July 21 1907
AGE	— years, 2 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Geo. W. Peart.
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Knight
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Peart

(Address) 156 N. Gay st.

Filed 10/8 1907 BARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6. 1907

I HEREBY CERTIFY, That I attended deceased from Convulsions Coma 190 to 190

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of bowels

(DURATION) — DAYS

Con'ributory (Primary.) —

(DURATION) DAYS

(Signed) Burnside Hayden M.D.

Address 1216 N. Carolina st.

Date Oct 7, 1907

JOHNS HOPKINS HOSPITAL OCT 7 - 1907 Commissioner Health.

Place of Burial

Date 190

Undertaker W

Address Deals Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

9

Ward 10 C 5397 Registered No. B C 5397

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 932 Woodyer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Curtis Chase

{Residence, if in Baltimore, Give Street and Number.} 932 Woodyer St

Duration of Residence in Baltimore, ~~Lifetime~~ Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April 29th 1907

AGE: — years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Curtis Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Curtis Chase

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Curtis Chase

(Address) 932 Woodyer St

Filed 10/8 1907

HARRY O'T ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 5th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 4 DAYS

Contributory (Primary.) acute indigestion (DURATION) DAYS

(Signed) Wm Blackburn M.D.

Address Two Log. Co. (Colored)

Date Oct. 6th 1907

Place of Burial JOHNS HOPKINS HOSP

OCT 7 1907

Date 190

Commissioner Health.

Undertaker W

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE

Without Physician's Cert. 573.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 3

Ward 14 C 5398 Registered No. B

CERTIFICATE OF DEATH.

C 5398
1917

(Place of Death.) No. 1527 Shields alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert J. Chandler

{ Residence, if in Baltimore, Give Street and Number. } 1527 Shields al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: July 4th 1907

AGE: — years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robt. Chandler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hanna Harris

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Chandler

(Address) 1527 Shields al

Filed 10/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6th 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

from birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Ballenger M.D.

Address 700 Lg. Ann (Corner)

Date Oct 7th 1907

Place of Burial JOHNS HOPKINS HOSPITAL OCT 7 - 1907 HARRY C. BROOKS, Commissioner Health,

Date 190

Undertaker

Address Health Dept

ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2 2 0

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5399

Registered No. B .....

Elgin Ave between Penna Ave and Fulton Avenue

City of Baltimore, (No. ..... , ~~Elgin Ave~~ ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles S Keen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 15 (Day) 1836 (Year)

AGE: 71 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Edward Keen

BIRTHPLACE OF FATHER (State or country): Surrey, England

MAIDEN NAME OF MOTHER: Elizabeth Mullen

BIRTHPLACE OF MOTHER (State or country): Surrey, England

OCCUPATION OF DECEASED: Market man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa J Keen

(Address) Elgin Ave.

Filed 10/8 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Oct 6 1907 that I last saw him alive on Oct 5 1907, and that death occurred, on the date stated above, at 6.25 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Fred C Jewett M. D.

Oct 6 1907 (Address) 2208 W Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Oct 9 1907

UNDERTAKER: Geo J. Smith & Co

ADDRESS: Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 5400 Registered No. B C 5400

CERTIFICATE OF DEATH. 1796

(Place of Death.) No. 509 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hildred Dorsey

{Residence, if in Baltimore, Give Street and Number.} 509 Baker st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Sept. 2 3rd 1907

AGE: 1 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Harrison Griffith

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Nettie Dorsey

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Washington

(Address) 509 Baker St.

Filed 10/8 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

from birth (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lof. ave. (Canton)

Date Oct. 7th 1907

Place of Burial Old Fair

Date Oct 8 1907

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 5401 Registered No. B C 5401

164 r

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Timothy Carall

{Residence, if in Baltimore, Give Street and Number.} 2413 Baston

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED # Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Carroll

(Address) 11 W. Franklin St

Filed 10/8 1907

HARRY O'T. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5 03 a ..... M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull
(Acc)

..... (DURATION) ..... DAYS

Contributory (Primary) Accidental
fall from high Bldg (a.d.)
(DURATION) ..... DAYS

(Signed) Jos Cummins M.D.

Address Corner Md

Date Oct 6-07 190

Place of Burial St Mary's Cemetery Govanstown

Date Oct 9 1907

Undertaker Carl & Margt G. Flynn

Address 420 West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5402 — Registered No. B C 5402

CERTIFICATE OF DEATH.

151 1

(Place of Death.) No St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Ditson

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Aug 30th 1907
AGE	..... years, 1 month, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6th, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Oct 6 1907

that I last saw him alive on Sept. 29 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... DURATION ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 10-7- 1907

Place of Burial New Cathedral

Date October 8 1907

Undertaker Martin Gahey's Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5403 — Registered No. B

CERTIFICATE OF DEATH. C 5403

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt Slay

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Oct 18 1907
AGE	..... years, ... months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	C. Y.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vin Inf Asy.

(Address)

Filed 10/8 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 7 1907

that I last saw him alive on Oct 6 1907

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1030 Cathedral

Date 10 - 7 - 1907

Place of Burial New Cathedral

Date October 8 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5404 Registered No. B C 5404

CERTIFICATE OF DEATH.

1511

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Lewis

{Residence, if in Baltimore, Give Street and Number.} St. Vinch. Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Aug 20 1907

AGE ..... years, 1 month, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vin Inf Asy

(Address)

Filed 10/8 1907 EMMA U. KNOPF, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Oct 5 1907 that I last saw h[illegible] alive on Oct 5 1907 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1230 N Carey

Date 10 - 7 - 1907

Place of Burial New Cathedral

Date October 8 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...Health Department, City of Baltimore.

Ward 14 C 5405 Registered No. B C 5405

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent's Infant asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Smith

{Residence, if in Baltimore, Give Street and Number.} At Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR ~~W~~ N

DATE OF BIRTH Oct. 6, 1907

AGE ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St Vin Inf Asy

Filed 10/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 7 1907

that I last saw h.. alive on Oct 6 1907,

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Immediate, (

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. H. Haynes M.D.

Address 1830 Cowgill

Date 10-7- 1907

Place of Burial New Cathedral

Date October 8 1907

Undertaker Martin Gatty & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5406 Registered No. B C 5406

CERTIFICATE OF DEATH.

(Place of Death.) No. 1649 Abbott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Poledna (POLEDNA)

{ Residence, if in Baltimore, Give Street and Number. } 1649 Abbott st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Poledna

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Julie Kaspar

BIRTHPLACE OF MOTHER (State or country): Bohem

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Poledna

(Address) 1649 Abbott st

Filed 1908 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Oct 8 1907

Place of Burial St Alphonsus

Date Oct 9 1907

Undertaker Frank Grach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 5407 Registered No. B C 5407

647

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 Airguith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Reinhard

{Residence, if in Baltimore, Give Street and Number.} 1002 Eisgwith st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 8th 1850

AGE: 56 years, 9 months, 29 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: ~~Mrs~~ Annetta Vittis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Reinhard

(Address) 1114 Hopkins ave

Filed 10/8 1907 HARRY G. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1907 to Oct. 7th. 1907

that I last saw her alive on Oct. 7th. 1907 7 A.M.

and that death occurred, on the date stated above, at 1.22 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of the Lungs

(Compression of Medulla oblongata)

(DURATION) 2 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 2 DAYS

(Signed) L. J. Lebold M.D.

Address 1001 Eisguith St.

Date Oct. 7th 1907

Place of Burial Baltimore Cemetary

Date October 10th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 5408 Registered No. B C 5408

CERTIFICATE OF DEATH.

(Place of Death.) No. 1819 N. Castle st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George B McClellan

{ Residence, if in Baltimore, Give Street and Number. } 1819 N Castle st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 11 1864

AGE: 42 years, 1 month, 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John McClellan

BIRTHPLACE OF FATHER (State or country): U. S.

MAIDEN NAME OF MOTHER: Priscilla Ayers

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Insurance Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Priscilla McClellan

(Address) 1819 N Castle st

Filed 10/8 1907 HARRY T. ANDERSON PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1907 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to Oct 8 1907 that I last saw him alive on Oct 7 1907, and that death occurred, on the date stated above, at 2.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Bowel

3 1/2 months (DURATION) DAYS

Contributory (Primary.) Carcinoma

(DURATION) 4 DAYS

(Signed) H. S. Guion M.D.

Address 1734 E Baltimore St

Date Oct 8 1907 1907

Place of Burial Baltimore Cemetery

Date October 10th 1907

Undertaker George Schilling & Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5409 — Registered No. B C 5409

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 1811 Wilhelm St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Archie LeRoy Baron.

{Residence, if in Baltimore, Give Street and Number.} 1811 Wilhelm St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR white

DATE OF BIRTH Aug. 28 1907

AGE — years, 1 month's, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jas. Baron

BIRTHPLACE OF FATHER (State or country) Reisterstown Md

MAIDEN NAME OF MOTHER Rosa Shepherd

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Myra Byron

(Address) 1811 Wilhelm

Filed 10/8 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Oct 7 1907

that I last saw h im alive on Oct. 7 1907.

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Complications of Dentamo

Contributory (Primary.) (DURATION) 14 DAYS

(DURATION) 14 DAYS

(Signed) G.W. Slater M.D.

Address 1793 W Payette

Date Oct. 8th 1907

Place of Burial Western Cemetery

Date Oct 9" 1907

Undertaker N S Finch

Address 2113 N Pratt St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 f

Registered No. B C 5410

C 5410

CERTIFICATE OF DEATH.

41 ✓

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name D. H Redman.

{ Residence, if in Baltimore, Give Street and Number. } Upper Marborough. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	57 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Richard S Hill

(Address) Upper Marlboro Md

Filed 10/8 1907

BAILEY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 8 1907

that I last saw h im alive on Oct 8 1907.

and that death occurred, on the date stated above, at 9.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis

Acute (DURATION) DAYS

Contributory (Primary) Carcinoma

of Sigmoid Flexure (DURATION) Chronic DAYS

(Signed) R. W. Crawford M.D.

Address University Hospital

Date Oct 8 1907

Place of Burial Leesburg Va

Date Oct 9 1907

Undertaker Jos B. Oak

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 5411

Ward ..... C. 5411 Registered No. B .....

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Wotters.

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 10/8 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18 1907 to Oct 8 1907

that I last saw h es alive on Oct 8 1907

and that death occurred, on the date stated above, at 3 45 a M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 8. 1907

Place of Burial Mt Carmel

Date October 9th 1907

Undertaker H. Snyder Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

Ward IV C 5412 Registered No. B C 5412

CERTIFICATE OF DEATH.

67 V

(Place of Death.) No. Bay View Asylum St. (If Dec'd occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Charles Sankoky

{Residence, if in Baltimore, Give Street and Number.} 1603 N. Durham st

Duration of Residence in Baltimore. 16 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: C

BIRTHPLACE OF FATHER (State or country): C

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): C

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8 1907

I HEREBY CERTIFY, That I attended deceased from June 4, 1906 to Oct 8, 1907 that I last saw him alive on Oct 8, 1907 and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia

(DURATION) 6 DAYS

Contributory (Primary) General paralysis (DURATION) unknown

(Signed) N M Andrews M.D.

Address Bay View Asylum

Date October 8. 1907

Place of Burial Gatehill

Date Oct 10 1907

Undertaker Grant & Crack

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5413

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5413

City of Baltimore, (No. 221, N. Vincent St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Annie Gale ~~Mary Frances Franklin~~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ~~Oct~~ (Month) ~~5~~ (Day) ~~1869~~ (Year)

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: — Baker

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): ~~Jane Baker~~

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Franklin

(Address) 221 N Vincent St

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to ... 190...

that I last saw h[illegible] alive on Oct 5 1907

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(DURATION) 42 DAYS

Contributory Failure Compensation

(DURATION) 3 DAYS

(Signed) J. L. Hooper M. D.

Oct 8 1907 (Address) 210 N Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon County	Oct 9 1907
UNDERTAKER	ADDRESS
Geo H Hooper	609 Park

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 — C 5414 — Registered No. B C 5414

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 S. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emmanuel Wallace

{Residence, if in Baltimore, Give Street and Number.} 907 S. Howard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Hooks

(Address) 907 S. Howard St

Filed 10/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Oct 7 1907

that I last saw him alive on Oct 5 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Anaemia

(DURATION) 1 month DAYS

Contributory (Primary.) Nephritis

(DURATION) 2 months DAYS

(Signed) H S McCaul M.D.

Address 1360 N Eutaw St

Date Oct 7 1907

Place of Burial National Cem.

Date Oct. 9 1907

Undertaker John H. Hoadley

Address 142 W. Hill Street

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 5 C 5415 Registered No. B C 5415

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Pleasant St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Infant of
Full Name Solomon and Jessie Engel

{ Residence, if in Baltimore, Give Street and Number. } 1407 Pleasant St

Duration of Residence in Baltimore. from birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 13th 1907

AGE — years, — months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Solomon Engel

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rosenstein Jessie

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Rosenstein

(Address) 1214 Jackson St

Filed 10/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 5 1907

that I last saw him alive on Oct 5 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

2nd Asthenia
due to premature birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 112 E. Baltimore St

Date Oct 7th 1907

Place of Burial Rose Dale Cemetery

Date Oct 9, 1907

Undertaker Max Levinson

Address 620 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 5416 Registered No. B C 5416

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Granger

{Residence, if in Baltimore, Give Street and Number.} 1611 Aliceanna St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Nov 7 1906

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Granger

BIRTHPLACE (State or country) N.C.

FULL NAME OF FATHER Charles N. Granger

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Haynes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles N. Granger

(Address) 1611 Aliceanna St.

Filed 10/9 1907 HARRY U. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 7 1907 that I last saw h[illegible] alive on Oct 7 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Mal-Nutrition Indigenate

(DURATION) DAYS

(Signed) R.E.L. Campbell M.D.

Address 1644 Hanover St.

Date Oct 7/ 1907

Place of Burial Greenlawn Hill

Date October 9 1907

Undertaker John E. Warren & Son

Address 1428 S. Charles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5417.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5417

City of Baltimore, (No. 39 E. Barney St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August E. Drexel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 2 (Day) 1866 (Year)

AGE: 41 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Moritz Drexel

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Clara Thorn

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Katherine A. Drexel.

(Address) 39 E. Barney St

Filed 10/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Oct 4 1907

that I last saw him alive on Oct 4 1907,

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Exhaustion (extreme)

(DURATION) about three days

Contributory Phthisis Pulmonalis + Probably Tuberculous Enteritis (DURATION) 3 yrs

(Signed) R. P. Carman M. D.

Oct 7 1907 (Address) 1701 N. Carolina

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Oct 9th 1907

UNDERTAKER: E. Schluraud & Son

ADDRESS: 39 Hanover St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 5418 Registered No. B C 5418

CERTIFICATE OF DEATH.

664

(Place of Death.) No. 2307 Dorothea Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Stadter

{ Residence, if in Baltimore, Give Street and Number. } 2307 Dorothea Court

Duration of Residence in Baltimore... 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 6 1907

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo. Stadter

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stadter

(Address) 2307 Dorothea Ct

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28 1907 to Oct 6 1907

that I last saw h[illegible] alive on Oct 6 1907

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) ..... DAYS

Contributory (Primary.) Paralysis

(DURATION) 7 DAYS

(Signed) John Roth M.D.

Address 2307 Eastern Av

Date Oct 9th 1907

Place of Burial Holy Redeemer

Date Oct. 9. 1907

Undertaker Mundell & Appel & Son

Address 320 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH.

Registered No. B C 5419

City of Baltimore, (No. 419 S. Eden St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carlino Heuer

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Heuer

(Address) 419 S. Eden St.

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 7th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1907 to Oct 7th 1907

that I last saw h[er] alive on Oct 7th 1907,

and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory Pulmonary Congestion

(DURATION) 1 DAYS

(Signed) A. F. Rees M. D.

Oct. 8th 1907 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Mathias	Oct. 9th 1907
UNDERTAKER	**ADDRESS**
Rudell & Hessel Bur.	330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ..... C 5420

C 5420

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estella Adams.

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM Lamar Holliday, Supt

(Address)

Filed 10/9/1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 4 1907 to Oct 8 1907

that I last saw her alive on Oct 8 1907

and that death occurred, on the date stated above, at 4 10 9 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) ..... DAYS

Contributory (Primary.) Oedema of Brain

(DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Oct. 8 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 8 - 1907 190

Undertaker William H. Woodes

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

230

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 5421 — Registered No. B C 5421

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 Chestnut st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Albert Burke

{Residence, if in Baltimore, Give Street and Number.} 133 Chestnut st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Burke

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ruth Bantam

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth Bantam

(Address) 133 Chestnut st

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Oct 5 1907

that I last saw h... alive on ... 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

dont know (DURATION) DAYS

Contributory (Primary.) Asthema

10 days (DURATION) 5 DAYS

(Signed) A. J. Freeburg M.D.

Address 918 E Fayette st

Date 10/8. 1907

Place of Burial Laurel Cemetery

Date Oct 9 1907

Undertaker R. A. Gillet

Address 506 Rogers av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 5422 — Registered No. B C 5422

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 Painters Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Collins

{Residence, if in Baltimore, Give Street and Number.} 12 Painters ct

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Solmond Cornish

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amelia J Collins

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Collins

(Address) 12 Painters ct

Filed 10/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to — 1907

that I last saw h — alive on — 1907,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 E Caroline st

Date Oct 8 1907

Place of Burial Woodlawn

Date October 10 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FILM

C 5423

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150 L

CERTIFICATE OF DEATH.

Registered No. BC 5423

City of Baltimore, (No. 1 W. 27th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine R Farnell

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Fredrick Farnell

BIRTHPLACE OF FATHER (State or country): England Virginia

MAIDEN NAME OF MOTHER: Olympa Clayton

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Farnell

(Address) 1W 27th St

Filed 10/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1907 to Oct 8 1907

that I last saw h, alive on Oct 7 1907,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Congenital heart Disease

6 Mos (DURATION) DAYS

Contributory Intestinal indigestion

(DURATION) 3 DAYS

(Signed) Mary Dr Bird M. D.

Oct 8 1907 (Address) 2539 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 9 1907

UNDERTAKER: JOHN E. HOUGH CO

ADDRESS: 422 Penna. Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 5424 Registered No. B C 5424

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Herpel

{Residence, if in Baltimore, Give Street and Number.} #1078 Granby St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 44 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~

(Informant) Wm Frederick

(Address) 1078 Granby St

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 8 1907

that I last saw h. liv alive on Oct 8 1907,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

acute tuberculous broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address P.

Date Oct 8 1907

Place of Burial ~~Lorraine Brooks~~ Cathedral

Date October 10 1907

Undertaker Wm Leadley

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 5425 Registered No. B C 5425

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 508 S Patterson Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Bernadzikowski

{ Residence, if in Baltimore, Give Street and Number. } 508 S Patterson Park ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frank Bernadzikowski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Rusin.

BIRTHPLACE OF MOTHER (State or country): Austria.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bernadzikowski

(Address) 508 S. Pat Park Ave.

Filed 10/9 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1907 to Oct 8 1907

that I last saw h alive on Oct 7th 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery & Pneumonia

7 Mos (DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) 3 DAYS

(Signed) Chas L Buddenbohn M.D.

Address 48 S Paca St

Date Oct 8" 1907

Place of Burial Holy Rosary.

Date OCT 9 - 1907 1907

Undertaker M. F. SADOWSKI

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5426

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. BC 5426

City of Baltimore, (No. 343 W. 21 St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Evelyn M. Colley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Sept (Month) 8th (Day) 1885 (Year)

AGE: 22 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balti city

FULL NAME OF FATHER: John M Colley

BIRTHPLACE OF FATHER (State or country): Balti city

MAIDEN NAME OF MOTHER: Sarah Garvey

BIRTHPLACE OF MOTHER (State or country): Balti city

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Colley

(Address) 343 W. 21st St

Filed 10/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to Oct 7 1907

that I last saw her alive on Oct 7 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 9 DAYS

Contributory

(DURATION) DAYS

(Signed) Albert F. Conner M. D.

Oct 7 1907 (Address) 1412 Nat Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Oct 10th 1907
UNDERTAKER	**ADDRESS**
A F Philben	1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

Registered No. B C 5427

C 5427

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 222 E. 22nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Kloch.

{Residence, if in Baltimore, Give Street and Number.} 222 E. 22nd St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 21st 1886

AGE 21 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER William Kloch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minna Ecker

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED Optician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leslie A. Kloch

(Address) 222 East 22nd St.

Filed 10/9 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Oct 6 1907, that I last saw h[illegible] alive on Oct 6 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage.

1 hour. (DURATION) DAYS

Contributory (Primary) Typhoid Fever.

(DURATION) 14 DAYS

(Signed) W. L. Gadd M.D.

Address 1202 E. Monument St.

Date Oct 7 1907

Place of Burial London Park Cemetery

Date October 9th 1907

Undertaker Henry W. Meander Jr.

Address 7 W. Monroe Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 47 C 5428 Registered No. B C 5428

CERTIFICATE OF DEATH.

47

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carl Svensson.

{Residence, if in Baltimore, Give Street and Number.} Sailor from Norwegian Ship.

Duration of Residence in Baltimore. Since Sept 30-07.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Unknown

AGE: 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Norwegian Ship Consul

(Address) Chamber of Commerce

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6-07 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 6 1907 that I last saw him alive on Oct 6 1907, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malarial Fever —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) — DAYS

(Signed) R. L. Dixon M.D.

Address Balt City Hospitals

Date Oct 8— 1907

Place of Burial Mt. Carmel

Date Oct 9 1907

Undertaker Robt F. Turner

Address 1442 N. Bway,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 5429 Registered No. B C 5429

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 328 Roland Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John J. McCauley

{Residence, if in Baltimore, Give Street and Number.} 328 Roland Ave.

Duration of Residence in Baltimore. 18 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Oct 1 1833

AGE 73 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Levi McCauley

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Overseer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson D. McCauley

(Address) 328 Roland Ave

Filed 10/9 1907 HARRY C. ANDERSON Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1903 to Oct 1907

that I last saw h... alive on Oct 5 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) one day

Contributory (Primary.) Arteria Sclerosis

(DURATION) Long yrs

(Signed) Bell Sidwell M.D.

Address 907 Linden Ave

Date Oct 7 1907

Place of Burial St Mary's N.

Date Oct 9 1907

Undertaker N. S. Maxwell

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 5430 Registered No. B C 5430

42 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1830 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E Kamm

{Residence, if in Baltimore, Give Street and Number.} 1830 N Dallas st

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 8th 1845

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Connecticut

FULL NAME OF FATHER: John Harris

BIRTHPLACE OF FATHER (State or country): N H Vermont

MAIDEN NAME OF MOTHER: Eliz Marshall

BIRTHPLACE OF MOTHER (State or country): N H Vermont

OCCUPATION OF DECEASED: Stone Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Kamm

(Address) 1830 N. Dallas

Filed 10/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Oct 8 1907

that I last saw h.. alive on Oct 7 1907

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Vagina

(DURATION) 90 DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) 4 DAYS

(Signed) John T. Avery M.D.

Address 1823 Broadway

Date Oct 8 1907 ✓

Place of Burial Baltimore Cemetery

Date Oct 10th 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 5431 Registered No. B C 5431

15K

CERTIFICATE OF DEATH.

(Place of Death.) No. Maternity Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Martha & Bernard Meyers

{ Residence, if in Baltimore, Give Street and Number. } 803 Hoffman St.

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Oct 8 1907

AGE 0 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Bernard Meyers

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Martha Siltzer

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Levy

(Address) 1543 Pennsave

Filed 10/9 1907 Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Oct 9 1907 that I last saw h[illegible] alive on Oct 9 1907, and that death occurred, on the date stated above, at 4:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorrhage

(DURATION) 1 0/12 hours

Contributory (Primary.) Eclampsia 2 Months

Premature birth (DURATION) DAYS

(Signed) H. V. Hartung M.D.

Address 622 W. Lombard St

Date Oct 9 1907

Place of Burial Hebrew Cem Dulaney Rd

Date Oct 8 1907

Undertaker John E. Gough & Co

Address 1422 Pennsave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. B C 5432

CERTIFICATE OF DEATH. C 5432

(Place of Death.) No. 20 Calverton Road. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia A. Cook.

{Residence, if in Baltimore, Give Street and Number.} 20 Calverton Road.

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Hissey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Julia a Hissey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1700 W. Lombard

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7th 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Oct. 7 1907

that I last saw h alive on Oct 4 1907

and that death occurred, on the date stated above, at

the CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) Thos. C. Blake M.D.

Address 1014 N. Le Grayette

Date Oct. 7. 1907

Place of Burial Mount Olivet

Date Oct 10th 1907

Undertaker John J Fields

Address 1700 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — C 5433 — Registered No. B C 5433

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1541 Burrough St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Sarah Gernert

{Residence, if in Baltimore, Give Street and Number.} 1541 Burrough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 30. 1878

AGE: 29 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Christian Gernert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Abey

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Abey, Grandmother

(Address) 1541 Burrough St

Filed 10/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8 1907

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190.. to ..... 190..

~~that I last saw~~ h ..... alive on ..... 190.. ~~and that death occurred, on the date stated above, at~~ 4.45 and dead

M. CAUSE OF DEATH (Secondary or Immediate.)

Epilepsy

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Chas W Reinhardt M.D.

Address Coroner

Date October 9 1907

Place of Burial Western Cemetery

Date Oct 11th 1907

Undertaker William H Pegelow

Address 851 Fremont ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 5434 Registered No. B C 5434

CERTIFICATE OF DEATH.

1114K

(Place of Death.) No. 617 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Wiesniska

{Residence, if in Baltimore, Give Street and Number.} 617 S Ann

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wisniesk[illegible]

(Address) 617 S. Ann St

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Comm M.D.

Address 320 N Greene St

Date Oct 9 " 1907

Place of Burial Holy Rosary

Date October 11 " 1907

Undertaker M. L. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 5435 — Registered No. B C 5435

CERTIFICATE OF DEATH.

(Place of Death.) No. 818 S Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Koryckí

{ Residence, if in Baltimore, Give Street and Number. } 818 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Koryckí

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Katie Mucki

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Koryckí

(Address) 818 S. Bond St

Filed 10/9 1907 — HENRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9" 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5" 1907 to Oct 9" 1907

that I last saw h~~is~~ alive on Oct 5 1907.

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pertussis (whooping cough)

(DURATION) — DAYS

Contributory (Primary.) acute Pneumonia

(DURATION) 7 DAYS

(Signed) John Roth M.D.

Address 607 Eastern Ave

Date Oct. 9. 1907

Place of Burial St Stanislaus.

Date October 10" 1907

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5436 Registered No. B C 5436

CERTIFICATE OF DEATH.

(Place of Death.) No. 512 Little Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Cornish

{Residence, if in Baltimore, Give Street and Number.} 512 Little Green St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Cornish

(Address) 512 Little Green St

Filed 10/9 1907

Registrar HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 " 190

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Consumption

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Patrick F Walsh M.D.

Address Enon

Date Oct 9 1907

Place of Burial Mt Auburn cemetery

Date Oct 9 1907

Undertaker Wm F Hofer

Address 419 Little Pacific St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5437

Registered No. B.....

City of Baltimore, (No. 538 North Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. Wm. McElrish -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 27 (Day) 1840 (Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Alex. Va

FULL NAME OF FATHER: Geo McElrish

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Catherine Flemming

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. McElrish

(Address) 538 N Carey st

Filed 10/9" 1907

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 8, (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to Oct. 8, 1907

that I last saw him alive on Oct 7 1907,

and that death occurred, on the date stated above, at 8 20 a.m. The CAUSE OF DEATH was as follows:

Passive Congestion of Lungs

(DURATION) 3 DAYS

Contributory Organic Heart Disease

(DURATION) 5 years

(Signed) H. M. Stevenson M. D.

Oct 8 1907 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount | DATE OF BURIAL: Oct 10 1907

UNDERTAKER: E M Mitchell | ADDRESS: 1201 W Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5438

Ward 9 C 5438 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 8. N. Ann St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Keller

{Residence, if in Baltimore, Give Street and Number.} 8 N. Ann St.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 15th 1857

AGE: 50 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Bernard McCaskin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Lucy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cap't. Jno Keller

(Address) 82. Arnold.

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7- 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 7 1907

that I last saw h alive on Oct 7 1907 at 11 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Enteric Fever

(DURATION) 1 DAYS

Con'tributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) J. C. Blades M.D.

Address 1437 N Gay

Date 1907

Place of Burial St Vincent Cem.

Date Oct. 10th 1907

Undertaker Wm. C. Inman

Address Bank & Saunders

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V — C 5439 — Registered No. B C 5439

CERTIFICATE OF DEATH.

(Place of Death.) No. Canton Hotel from Salt Water Co. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Quinn

{Residence, if in Baltimore, Give Street and Number.} 2026 Canton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Moran

(Address) Bank & Aun Sts

Filed 10/9 1907 — DEPUTY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw — alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Howard St

Date 190

Place of Burial Holy Cross Cem

Date Oct. 9 1907

Undertaker John A Moran

Address Bank & Aun Sts

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5440

Ward 15 C 5440 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 Patterson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Hamilton Jessop

{Residence, if in Baltimore, Give Street and Number.} 1120 Patterson ave

Duration of Residence in Baltimore. Ecty Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Apr 27th 1896

AGE: 11 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ecity

FULL NAME OF FATHER: James M. Jessop

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Emma C Jarrett

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James M. Jessop

(Address) 1120 Patterson ave

Filed 10/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Oct 9th 1907

that I last saw him alive on Oct 9th 1907

and that death occurred, on the date stated above, at 4 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of Intestine

(DURATION) 24 hours DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 20 DAYS

(Signed) C K Jennings M.D.

Address 1415 Madison ave

Date Oct 10th 1907

Place of Burial Mount Olivet

Date Oct 12th 1907

Undertaker Geo. Weber

Address 1115 N. Carey st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12 apr 27

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43

CERTIFICATE OF DEATH. C 5441

Registered No. B .....

City of Baltimore, (No. 1104 Shirley alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel Bellamy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: William Bellamy

BIRTHPLACE OF FATHER (State or country): Florida

MAIDEN NAME OF MOTHER: ~~Sudie~~ Gertrude Ee

BIRTHPLACE OF MOTHER (State or country): Maryland Kent Co

OCCUPATION OF DECEASED: Emasculator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Bellamy

(Address) 1104 Shirley alley

Filed 10/10" 1907

HARRY O. ANDREWS.
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1907 to Oct 8 1907

that I last saw her alive on Oct 7 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

..... (DURATION) 7 DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H K Francis M. D.

Oct 9 1907 (Address) 207 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 10, 1907

UNDERTAKER: Felix B. Pye

ADDRESS: 102 E Fulton St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 5442 Registered No. B C 5442

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 Mc Donogh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Burg

{Residence, if in Baltimore, Give Street and Number.} 1004 Mc Donogh st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 14, 1835

AGE 72 years, 7 months, 26 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Philip Blackenburg

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Barbara Black

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Duvall

(Address) 1004 Mc Donogh st

Filed 10/10" 1907 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Oct 10th 1907 that I last saw her alive on Oct 9th 1907, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Croupous Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. B. Taylor M.D.

Address 830 N Broadway

Date Oct 10th 1907

Place of Burial Baltimore Cemty

Date Oct 12, 1907

Undertaker Zirkler & Zirkler

Address 1939 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 5443 — Registered No. B C 5443

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Feliziger

{Residence, if in Baltimore, Give Street and Number.} 42 York St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/10 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1907 to Oct 8th 1907

that I last saw him alive on Oct 8th 1907,

and that death occurred, on the date stated above, at 9.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

6 hrs (DURATION) DAYS

Contributory (Primary) Amoebic Dysentery (DURATION) Chronic DAYS

(Signed) R. W. Crawford M.D.

Address University Hospital

Date Oct 9th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 9 - 1907 190

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

231

Ward 18 — Registered No. B C 5444

C 5444

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 918 Dooll St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lizzie Washington

{ Residence, if in Baltimore, Give Street and Number. } 918 Dooll St.

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Oct 8 or 9 1907

AGE: 0 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Samuel Washington

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: Lizzie Morgan

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/10 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Oct 8 1907

that I last saw her alive on Oct 8 1907.

and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Hartaugh M.D.

Address 622 W Lombard St

Date Oct 9 1907

JOHNS HOPKINS HOSPITAL OCT 9 - 1907

Place of Burial .....

Date 190

Undertaker Commissioner Health

Address Health Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

231

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5445 — Registered No. B C 5445

CERTIFICATE OF DEATH.

(Place of Death.) No. 1320 Hollins St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Buckingham

{Residence, if in Baltimore, Give Street and Number.} 1320 Hollins St.

Duration of Residence in Baltimore about 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH April 1 1830

AGE 78 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Barthelon

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Jinglings

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Buckingham

(Address) 1320 Hollins St.

Filed 10/10 1907

Registrar HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9, 1907

I HEREBY CERTIFY, That I attended deceased from 190~~0~~ to Oct. 9, 1907

that I last saw h~~e~~r alive on Oct. 9 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~General~~ anasarka

about (DURATION) 300 DAYS

Con~~t~~ributory (Primary)

Apoplexy & Paralysis (DURATION) 8 ~~yrs~~ mos

(Signed) John Hood, M.D.

Address 630 N. Gilmor st.

Date October 10 1907

Place of Burial Ind. Christ Cemetery

Date October 12 1907

Undertaker Josiah Syfer

Address 160 W. North Ave

WM. J. C. CULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5446 Registered No. B C 5446

24

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Patterson

{Residence, if in Baltimore, Give Street and Number.} 721 ~~Bradley~~ Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: March 3rd 1851	
AGE: 56 years, 8 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Wm. Patterson	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Furniture Mover	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Patterson

(Address) 721 Bradley St

Filed 10/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Baetzhorn M.D.

Address 700 Lex. Ave. (Corner)

Date Oct 8th 1907

Place of Burial Mount Auburn

Date Oct 10 1907

Undertaker John H Ommegsen

Address 1222 Lemmon St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 5447 Registered No. B C 5447

CERTIFICATE OF DEATH.

451

(Place of Death.) No. 1312 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ann. M. McAleer

{ Residence, if in Baltimore, Give Street and Number. } 1312 N. Central ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry M Slaylor

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Ellen Rife

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo Pryor

(Address) Frankl'n Terrace Waverly

Filed 10/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Oct 8th 1907 that I last saw h alive on Oct 8th 1907, and that death occurred, on the date stated above, at 1 00 a. m. CAUSE OF DEATH (Secondary or immediate)

Cancer of Head

(DURATION) 900 DAYS

Contributory (Primary.) Cerebral Softening

(DURATION) 60 DAYS

(Signed) Edward Whitehead M.D.

Address 208 Guilford ave

Date Baltimore Oct 9th 1907

Place of Burial New Cathedral Cemetery

Date October 11 1907

Undertaker Henry Hoeche & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5448 Registered No. B C 5448

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1100 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Joseph W. Lamb

{Residence, if in Baltimore, Give Street and Number.} 1100 E. Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 22nd 1906

AGE: ..... years, 11 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph W. M. Lamb

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie A. Trainor

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph W. M. Lamb

(Address) 1100 E. Chase St.

Filed 10/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 9 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 9 1907

that I last saw h... alive on Oct 8 1907,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) Gastro enteritis

(DURATION) 4 DAYS

(Signed) M. L. Ford M.D.

Address 1202 E Monument St.

Date Oct 10 1907

Place of Burial Holy Cross Cemetery

Date Oct. 12 1907

Undertaker Harry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd

Registered No. B C 5449

C 5449

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1709 Lancaster St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ane Wasowynska

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 16 1906

AGE: 1 years, months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andru Wasowynski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josefa Beyer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Josefa Wasowynska

(Address) 1709 Lancaster

Filed 10/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 10 1907

I HEREBY CERTIFY, That I attended deceased from October 4 1907 to October 8 1907

that I last saw h alive on October 8 1907,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 14 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 6 DAYS

(Signed) S. J. Szuwalski M.D.

Address 922 S. Ann

Date October 10 1907

Place of Burial Holy Rosary.

Date OCT 12 1907 190

Undertaker M. F. SADOWSKI

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C 5450 Registered No. B C 5450

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Portland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. McPhail

{Residence, if in Baltimore, Give Street and Number.} 710 Portland St,

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 10 1884

AGE 23 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Wm. J. McPhail

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Martha B. Snyder

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha B. Stein

(Address) 710 Portland St

Filed 10/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Oct 9 1907 that I last saw h in alive on Oct 8 1907, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) 14 DAYS

Contributory (Primary) Pulm. Tuberculosis

(DURATION) 6 Mos

(Signed) Harry Boyd M.D.

Address 602 Columbia Ave

Date Oct 9 1907

Place of Burial Loudon Park Cem.

Date Oct. 11th 1907

Undertaker Geo. A. Inman

Address Bank & Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5451

Registered No. B

City of Baltimore, (No. 748 Brodly St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Hutchinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: James Hutchen

BIRTHPLACE OF FATHER (State or country): Balt city

MAIDEN NAME OF MOTHER: May Brown

BIRTHPLACE OF MOTHER (State or country): Balt city

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hutchen

(Address) 748 Bradly st

Filed ... 190 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 5 1907 that I last saw her alive on Oct 3 1907, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Gastro Enteritis (DURATION) 8 DAYS

Contributory Congenital Debility. (DURATION) ... DAYS

(Signed) Mary F Coughlin M. D.

Oct 8 1907 (Address) 1025 Calhoun

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct 10 1907

UNDERTAKER: J. Owens-Fox — ADDRESS: 1226 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 5452 Registered No. B C 5452

CERTIFICATE OF DEATH.

43 V

(Place of Death.) No. 1102 Wagon Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Burke

{Residence, if in Baltimore, Give Street and Number.} 1102 Wagon Alley

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Don't Know 1

AGE 35 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Gabriel Louis

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Minnie Short

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bailey

(Address) 1107 Dolphin Ave

Filed 10/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Oct 9 1907 that I last saw h[illegible] alive on Oct 9 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) 10 DAYS

Con'tributory (Primary.) Carcinoma Breast. (DURATION) 1 year

(Signed) W. W. Bowers M.D.

Address Md. Gen. Hosp.

Date Oct. 10 1907

Place of Burial Mt Auburn Cemetery

Date Oct 11th 1907

Undertaker J. H. Bailey

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 5453 Registered No. B C 5453

CERTIFICATE OF DEATH.

(Place of Death.) No. 427 N Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Newman

{Residence, if in Baltimore, Give Street and Number.} 427 Central Ave (North Side)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ....1....

AGE ....years, ...months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER George Numan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Mintendam

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Newman

(Address) 427 N Central ave

Filed 10/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 — 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia (Accidental)

....(DURATION).... DAYS

Contributory (Primary.)

....(DURATION).... DAYS

(Signed) Fred'k Carrell M.D.

Address Crime Dept

Date Oct 10 — 07 1907

Place of Burial Rose Dale Cemetery

Date Oct 10, 1907

Undertaker Max Levinson

Address 620 N Eldersley St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5454

City of Baltimore, (No. 701 E 24 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Dauenhauer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Oct 11 1907 HARRY C. ANDREWS PERIN[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Oct 8 1907

that I last saw her alive on Oct 8 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis

Pulmonary Edema (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) F. J. Kelly M. D.

Oct 10 1907 (Address) 110 E Hamilton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 11 1907
UNDERTAKER	ADDRESS
Kendall Oppelt	32 8 St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 5455 Registered No. B C 5455

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie White

{Residence, if in Baltimore, Give Street and Number.} 413 Myrtle ave

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: December 1879

AGE: 28 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Essex Co. Va.

FULL NAME OF FATHER: Albert White

BIRTHPLACE OF FATHER (State or country): Essex Co. Va.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Essex Co Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lelia White

(Address) 413 Myrtle Ave

Filed 10/11 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 9 1907

that I last saw her alive on Oct 9 1907

and that death occurred, on the date stated above, at 7½ a m. CAUSE OF DEATH (Secondary or Immediate.)

Acute fermentative Dyspepsia

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. Stuart Hunn M.D.

Address 1202 Druid Hill Ave

Date Oct 10 1907

Place of Burial Woodlawn cemetery

Date Oct 11 1907

Undertaker Geo H Harper

Address 604 E Pdca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 5456

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5456

City of Baltimore, (No. 1414, Druid Hill Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James L. Ball

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: — (Month) — (Day) 1873 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Henry Ball

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Ball

(Address) 1414 Druid Hill Ave

Filed 10/11 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Oct 9 1907 that I last saw him alive on Oct 8 1907, and that death occurred, on the date stated above, at 6.40 A. M. The CAUSE OF DEATH was as follows:

Endocarditis Secondary To Rheumatism.

3 months (DURATION) DAYS

Contributory ... (DURATION) ... DAYS

(Signed) W. M. Levin M. D.

Oct 9 1907 (Address) 1720 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Oct 11 1907

UNDERTAKER: Alex. Hensley ADDRESS: 578 W. Biddle

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 5457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5457

City of Baltimore, (No. 1014 E. 20th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose O. Young

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 66. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Kentucky

FULL NAME OF FATHER Ephriam B. Davidson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Louise Barr

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank B. Knowles

(Address) 1014 E. 20th St.

Filed 10/11 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to Oct. 10 1907 that I last saw her alive on October 9 1907, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

Uraemia due to Bright's disease. Cirhosis of Liver and Valvular disease of the Heart several months (DURATION) DAYS

Contributory Valvular disease of Heart several years (DURATION) DAYS

(Signed) E. C. E. Vogler M. D.

October 10 1907 (Address) 1232 E. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL Oct 12 1907

UNDERTAKER Howe Cook — ADDRESS 502 E North

WM. J. C. DULANY CO., BALTIMORE.

Resided 7 years in Baltimore Md.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 5458 Registered No. B C 5458

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1840 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas E Brown

{Residence, if in Baltimore, Give Street and Number.} 1840 McHenry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 6, 1833

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Brown

(Address) 1840 McHenry St

Filed 10/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Oct 9 1907

that I last saw h.. alive on Oct 9 1907

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis & Old age

(DURATION) DAYS

Con'ributory (Primary.) (((

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 542 S. Fulton Ave

Date Oct 10 1907

Place of Burial National Cemetery

Date October 12th 1907

Undertaker William Coe

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5459

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5459

City of Baltimore, (No. 532 Oxford Av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia Clara George

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White.

DATE OF BIRTH: August 23rd 1829 (Month) (Day) (Year)

AGE: 78 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Wm. Chancellume.

BIRTHPLACE OF FATHER (State or country): France.

MAIDEN NAME OF MOTHER: Celestine Caillaux.

BIRTHPLACE OF MOTHER (State or country): Switzerland.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Faulkner.

(Address) 532 Oxford av.

Filed 10/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1907 to Oct. 9, 1907 that I last saw h[er] alive on Oct. 9, 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis.

..... (DURATION) ..... DAYS

Contributory Heart failure (DURATION) ..... DAYS

(Signed) Hugh Forsythe, M. D.

Oct. 9 1907 (Address) 524 E. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Oct. 12 1907

UNDERTAKER: Wm Cook | ADDRESS: 502 E North Av

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 5460 — Registered No. B C 5460

934

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 Sherwood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha H. Schaumloffel

{ Residence, if in Baltimore, Give Street and Number. } Do. 1900 Sherwood ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 10, 1900

AGE: 7 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Geo. H. Schaumloffel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Theresa Snitzler

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Schaumloffel

(Address) No. 1900 Sherwood ave

Filed 10/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 1, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1907 to Oct. 1, 1907 that I last saw h-e alive on Oct. 1, 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Lobular)

(DURATION) 23 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1241 Hanover ave

Date Oct. 1, 1907

Place of Burial Mt. Olivet Cemetery

Date October 12th 1907

Undertaker William Cook

Address 503 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 5461 — Registered No. B C 5461

CERTIFICATE OF DEATH.

(Place of Death.) No. 23 Lehman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Virginia Grimm

{Residence, if in Baltimore, Give Street and Number.} 23 Lehman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 26 1871

AGE 36 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry D. Grimm

BIRTHPLACE OF FATHER (State or country) Penna,

MAIDEN NAME OF MOTHER Mary J. Caveno

BIRTHPLACE OF MOTHER (State or country) Balt. Md

OCCUPATION OF DECEASED Book-binder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Smith

(Address) 23 Lehman St—

Filed 10/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1907

I HEREBY CERTIFY, That I attended deceased from November 1906 to Oct. 9 1907

that I last saw her alive on Oct. 9 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 year DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Strickler M.D. M.D.

Address 901 Forrest Ave

Date Oct. 9 1907

Place of Burial Druid Ridge Cemetery

Date October 13th 1907

Undertaker William Cook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 5462 — Registered No. B C 5462

6 1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2002 Greenmount Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Downing Haughey

{Residence, if in Baltimore, Give Street and Number.} 2002 Greenmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John B Haughey

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Carrie McEwen

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Haughey

(Address) 2002 Greenmount Ave

Filed 10/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1907 to Oct 9 1907 that I last saw him alive on Oct 9 1907, and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

— (DURATION) — DAYS

Con'tributory (Primary) —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Oct 9- 1907

Place of Burial London Park.

Date October 11 — 1907

Undertaker William Cook

Address 502 E. Northern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5463 Registered No. B C 5463

CERTIFICATE OF DEATH.

(Place of Death.) No. 230 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Morton Adams

{Residence, if in Baltimore, Give Street and Number.} 230 N. Dallas Street

Duration of Residence in Baltimore. Ten days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1873

AGE: 34 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm W Adams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary C. Dodson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Adams

(Address) #230 N. Dallas

Filed 10/11/1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10th October 1907

I HEREBY CERTIFY, That I attended deceased from 5th 5-10- 190 7 to ~~190~~

that I last saw him alive on 5th 5-10- 190 7,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

Several mos. (DURATION) ~~DAYS~~

(Signed) E. M. Boyle M.D.

Address 926 N. Broadway

Date 190

Place of Burial Druid Ridge Cemetery

Date Oct 11th 1907

Undertaker Wm J. Gladstone

Address 1421 Mulliken St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 + C 5464 Registered No. B C 5464

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conway Clow

{Residence, if in Baltimore, Give Street and Number.} 3421 E. Baltimore St

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: Apr 16 1848	
AGE: 59 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Pennsylvania	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara V. Seay

(Address) 12 N. Clinton st

Filed 10/11 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Oct 10 1907 that I last saw h[illegible] alive on Oct 10 1907 and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 6, DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 6, DAYS

(Signed) R W. Crawford. M.D.

Address University Hospital

Date Oct 10th. 1907

Place of Burial Millington West County Md

Date October 12th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

C 5465

Registered No. B C 5465

CERTIFICATE OF DEATH.

921

(Place of Death.) No. 1121 McElderry St

Full Name Agust Morotta St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

{Residence, if in Baltimore, Give Street and Number.} 1121 McElderry St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Dec 21st 1906

AGE: ~ years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Salvatore Morotta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Lillie Luca

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Morotta

(Address) 1121 McElderry st

Filed 10/11 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 10 1907

that I last saw him alive on Oct 9 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Synovitis knee

Broncho Pneumonia

Contributory (Primary.) ~ (DURATION) 5 DAYS

Exhaustion (DURATION) 3 DAYS

(Signed) Arthur J. Cattell M.D.

Address 507 Cathedral

Date Oct 10 - 07 1907

Place of Burial Hebrew Friendship

Date Oct 13 th 1907

Undertaker A F Rullman

Address 1111 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 5466 Registered No. B C 5466

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 Harford ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Warren Rogers.

{ Residence, if in Baltimore, Give Street and Number. } Res. 1419 Harford ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 8, 1907

AGE — years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Wm. H. Rogers.

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Viola R. Bayley.

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Rogers

(Address) 1419 Harford ave

Filed 10/11" 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1907 to Oct. 10, 1907 that I last saw him alive on Oct. 10, 1907, and that death occurred, on the date stated above, at 6.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus - due to Pulmonal Catarrh

Several months (DURATION) DAYS

Contributory (Primary.) Delicate & frail since birth (DURATION) DAYS

(Signed) A. A. Elwell M.D.

Address 1341 Harlem

Date Oct 10th 1907

Place of Burial London Park

Date Oct 13th 1907

Undertaker William H. Hagelon

Address 851 Lincoln ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C5467 C5467

Ward 19 Registered No. B 19[illegible] 0

65 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Stambitz

{ Residence, if in Baltimore, Give Street and Number. } 224 S Gilmor St

Duration of Residence in Baltimore. 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto County Md

FULL NAME OF FATHER Paul Stambitz

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Louisa Sprenger

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara L Frank.

(Address) 224 S. Gilmor St.

Filed 10/11 1907 HARRY C. ANDRUS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10 1907

I HEREBY CERTIFY, That I attended deceased from June 31 1906 to Oct 10 1907

that I last saw h[illegible] alive on Oct 9 1907,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia f Brain

(DURATION) 2 yrs DAYS

Contributory (Primary.) Apoplexy

(DURATION) 4 DAYS

(Signed) Reynolds Dill M.D.

Address 1433 N Lombard St

Date October 10 1907

Place of Burial Systematic Mt

Date October 12th 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C 5468 Registered No. B C 5468

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear #37 Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Co. White

{Residence, if in Baltimore, Give Street and Number.} 1010 Harford Ave

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 3rd 1845

AGE 62 years, 0 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Daniel White

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lily White

(Address) 1010 Harford ave

Filed 10/11 " 1907 HARRY O'T ANDERS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred J Carnthers M.D.

Address Corner Mad.

Date Oct 9 - 07 1907

Place of Burial Loudon Park

Date October 12 nd 1907

Undertaker Henry Lutz

Address 1007 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1514

CERTIFICATE OF DEATH. C 5469

Registered No. B .....

City of Baltimore, (No 1631, W. North Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Martin Elliott.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Oct. (Month) 6 (Day) 1907 (Year)

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Walter Mod Elliott

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Lillian Kennedel

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella F. Elliott

(Address) 206 N Gilmor

Filed 10/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 11 1907 that I last saw h— alive on Oct 10 1907, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Atelectasis

(DURATION) 5 DAYS

Contributory Premature birth (1½ months) (DURATION) — DAYS

(Signed) A. K. Arthur M. D.

Oct 11 1907 (Address) 1516 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Oct 11th 1907

UNDERTAKER: Geo. J. Smith & Co | ADDRESS: 1000 W Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5470

Died at 1416 Fort Ave.

Registered No. B

City of Baltimore, (No. 1004 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. Wigley

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Jan (Month) 16 (Day) 1837 (Year)

AGE: 70 years, 8 months, 24 days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Wigley

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wigley

(Address) 1004 W. Fayette St

Filed 10/11 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1907 to Oct. 10 1907

that I last saw him alive on Oct. 10 1907

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Organic disease of heart

(DURATION) 7 DAYS

Contributory General debility due to old age (DURATION) 7 DAYS

(Signed) C. F. Heffner M. D.

Oct. 10 1907 (Address) 1102 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	Oct 13 1907
UNDERTAKER: Jas J. Smith & Co	ADDRESS 1002 W. Fayette

V

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — C 5471 — Registered No. B C 5471

CERTIFICATE OF DEATH.

(Place of Death.) No. Bacto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Hawkins

{Residence, if in Baltimore, Give Street and Number.} 127 N Dallas St.

Duration of Residence in Baltimore. 42 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR B —

DATE OF BIRTH unknown

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER unknown.

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 10/11 1907 — MARY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 — 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Oct 8 1907

that I last saw h alive on Oct 8 1907, 7.15

and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W H Eakin M.D.

Address Bacto City Hospital

Date Oct 8 — 1907

Place of Burial Mt Olivet

Date October 12 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 C 5472 Registered No. B C 5472

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. H. Scott

{Residence, if in Baltimore, Give Street and Number.} ~~Baltimore~~ 627 Stirling St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col.

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holladay Supt.

(Address)

Filed 10/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Oct 9 1907 that I last saw h~~im~~ alive on Oct 9 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Tuberculosis?

Lungs (DURATION) DAYS

(Signed) Wm. C. Bay M.D.

Address Bay View

Date Oct. 9. 1907

Place of Burial Mt Olivet

Date October 11th 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5473

Ward 14 Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Lennon

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept 14, 1907

AGE ..... years, ... months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/11 1907 HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Oct 9 1907 that I last saw h[illegible] alive on Oct 9 1907 and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

(a) Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carlton

Date 10- 10- 1907

Place of Burial New Cathedral

Date October 11 1907

Undertaker Martin Fahey's Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 5474 Registered No. B C 5474

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No St Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Zimmerman

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf. Asy.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Sept 20 1907

AGE ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/11 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Oct 9 1907 that I last saw her alive on Oct 9 1907 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carlton

Date 10-10 1907

Place of Burial New Cathedral

Date October 11 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5475

Ward 14

Registered No. B C 5475

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. St. Vinct. Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Albert~~ Albert Wood

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	July 24 1907
AGE	2 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/11 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Oct 10 1907

that I last saw h ed alive on Oct 9 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E H Mayer M.D.

Address 1230 N Caroline

Date 10-10 1907

Place of Burial New Cathedral

Date October 11 1907

Undertaker Curtis Bailey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 5476 Registered No. B C 5476

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Inf. Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Chas Binder

{Residence, if in Baltimore, Give Street and Number.} St. Vincent. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Aug 8 1907

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/11 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Oct 10 1907

that I last saw h.. alive on Oct 9 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) .....

Contributory (Primary.)

..... (DURATION) .....

(Signed) E. H. Hayward M.D.

Address 1230 N Carlton

Date 10-10-1907

Place of Burial New Cathedral

Date October 11

Undertaker Martin Lahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

C 5477 Regis

CERTIFICATE OF DEATH

(Place of Death.) No. 830. S. Bond. St. St. How ... give ... of Street ...

Full Name John. Kaliowski

{ Residence, if in Baltimore, Give Street and Number. } 830. S. Bond. St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: —

AGE: 48. years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not. Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter. Kaliowski

(Address) 830 S Bond St

Filed 10/11 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3d 1907 to Oct 9 1907

that I last saw h[illegible] alive on Oct 8 1907,

and that death occurred, on the date stated above, at 5 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma gastrica (DURATION) 10 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1510 E Fort Ave

Date Oct 10 1907

Place of Burial Holy Rosary

Date October 12th 1907

Undertaker Jacob. Jackowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5478

Ward 10 C 5478 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Ryan

{Residence, if in Baltimore, Give Street and Number.} 1426 W. Lexington St

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 10th 1837

AGE 70 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Carl-Lewis L. Hanson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Nancy A Hanson

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Hobbs

(Address) 1426 W. Lexington St

Filed 10/11 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10th 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Oct 10th 1907 that I last saw her alive on Oct 10 1907, and that death occurred, on the date stated above, at 1-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Hepatitis &
Indigestion
Dropsy, Ascites
Contributory (Primary) Anemia (DURATION) 5 DAYS
Exhaustion (DURATION) 5 DAYS
Complications none

(Signed) J. R. Wiley M.D.

Address 4 W. Mt. Vernon Pl

Date Oct 11th 1907

Place of Burial Amherst Va

Date October 12, 1907

Undertaker Jas B Cook

Address 1013 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5479 Registered No. B C 5479

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 19 S Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fanni L Bell.

{Residence, if in Baltimore, Give Street and Number.} 19 S. Carrollton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH May 16th 1859.

AGE 48 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Fredricks Calif

FULL NAME OF FATHER Jacob Bender

BIRTHPLACE OF FATHER (State or country) Fredrick.

MAIDEN NAME OF MOTHER Charlotte Small

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. Bell-

(Address) 19. S. Carrollton Ave

Filed 10/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10. 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1907 to Oct 10 1907 that I last saw h alive on Oct 10 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis uraemic convulsions

(DURATION) DAYS

Contributory (Primary.) Gastric ulcer

(DURATION) DAYS

(Signed) J. Thomas Wilson M.D.

Address 1300 N. Charles St-

Date Oct 11 1907

Place of Burial London Park

Date October 14 1907

Undertaker J. B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 5480 Registered No. B C 5480

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 301 Catherine St (Ncar) Frederick Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Boyle

{Residence, if in Baltimore, Give Street and Number.} 301 Catherine St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 24 1902

AGE 5 years, months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John J Boyle

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary A. Devaney

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. J Hackett

(Address) 301 Catherine

Filed 10/11 1907 MARY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 10 1907 that I last saw h~~im~~ alive on Oct 9 1907 and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis Complicating Gastro Enteritis

(DURATION) 3 DAYS

Con'tributory (Primary.) asthenia

(DURATION) 3 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date Oct 11 1907

Place of Burial New Cathedral Cem

Date October 12 1907

Undertaker Jos B Cook

Address 1063 W Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 5481 Registered No. C 5481

CERTIFICATE OF DEATH.

(Place of Death.) No 1120 Leadenhall St

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo B Handley

{Residence, if in Baltimore, Give Street and Number.} 1120 Leadenhall St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 23rd 1907

AGE 2 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Alfred A. Handley

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Gertrude A. Purdy

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude A Handley

(Address) 1120 Leadenhall St

Filed 10/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Oct 10 1907

that I last saw him alive on Oct 10 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or immediate)

Marasmus

Contributory (Primary.) (DURATION) 3 weeks DAYS

(DURATION) DAYS

(Signed) J J Dorsett M.D.

Address 1340 St Paul St

Date Oct 11 1907

Place of Burial Western Cem

Date October 12 1907

Undertaker J & J B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 5482 — Registered No. B C 5482 6 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Reiley

{ Residence, if in Baltimore, Give Street and Number. } 306 S. Washington St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 1820

AGE: 87 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Robert Brown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Mc Hale

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Cadden

(Address) 306 S. Washington

Filed 10/11 1907 — HARRY C. ANDREAS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11, 1907

I HEREBY CERTIFY, That I attended deceased from June 11, 1907 to Oct 11, 1907 that I last saw h alive on Oct 1, 1907, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

6 Weeks (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) [illegible] M.D.,

Address [illegible]

Date Oct 11, 1907.

Place of Burial New Cathedral Cem.

Date Oct 14th 1907

Undertaker Germanus Trance

Address Bank & Wolfe sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 14 C 5483 Registered No. B C 5483

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Glenn Heller

{Residence, if in Baltimore, Give Street and Number.} Hazelwood. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W.

DATE OF BIRTH 1

AGE 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Alford B Heller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie S Miller

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A B Heller

(Address) Mill Stone Md

Filed 10/11" 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Oct 11th 1907

that I last saw him alive on Oct 11th 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) DAYS

Contributory (Primary.) Appendicitis

with Peritonitis & Emphysema. (DURATION) DAYS

(Signed) Virginia Woods, Jr. M.D.

Address Union Protestant Infirmary.

Date Oct. 11th 07 1907

Place of Burial Mill Stone Meth. Prot.

Date Oct 12 1907

Undertaker A S Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, residence, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. B C 5484

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebron Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Francis Stenhart

{ Residence, if in Baltimore, Give Street and Number. } 1212 N. Fayette

Duration of Residence in Baltimore. 25 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1856

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. Stenhart

(Address) 1212 N. Fayette St.

Filed Oct 12 1907 — WM. J. C. DULANY, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1907 to Oct 11 1907 that I last saw h[illegible] alive on Oct. 11 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Carcinoma of Liver (DURATION) — DAYS

(Signed) Chas. Bagley M.D.

Address Hebron Hospital

Date Oct. 11th 1907

Place of Burial Balto Hebrew Cem

Date Oct 13th 1907

Undertaker Harold Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 5 — C 5485 — Registered No. B C 5485

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 Stirling St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Heutz

{Residence, if in Baltimore, Give Street and Number.} 615 Stirling St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: January 7th 1844

AGE: 53 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Horse show.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. Sophia Heutz

(Address) 615 Stirling st

Filed 10/12 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Oct 10th 1907

that I last saw h[illegible] alive on Oct 10th 1907

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M. D.

Address 1804 Eager St

Date Oct 12th 1907

Place of Burial Oak Lawn

Date Oct. 13th 1907

Undertaker J. C. Schuh & Son

Address 3514 E. Balto St.

Filed 10/12 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 5486 — Registered No. B C 5486

CERTIFICATE OF DEATH.

(Place of Death.) No. 1616, Bank st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dena Hupka

{Residence, if in Baltimore, Give Street and Number.} 1616, Bank st.

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 25th 1860

AGE 47 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frederick Guethus

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Hupka.

(Address) 1616 Bank St.

Filed 10/12 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10. — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 21 1907 to Oct 6 1907 that I last saw her alive on Oct 6 1907, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 15 DAYS

Contributory (Primary) Phthisis Pulmonalis

(DURATION) 30 DAYS

(Signed) Pierre L. Dausch, M.D.

Address 121. Jackson Square

Date Oct. 11 — 1907

Place of Burial Mt. Carmel Cemetery

Date Oct. 12 1907

Undertaker H. Sander's Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 5487 — Registered No. B C 5487

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hornberger

{ Residence, if in Baltimore, Give Street and Number. } 114 N. Glover St.

Duration of Residence in Baltimore. 27 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 8th 1855

AGE 52 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Nicholas Hornberger.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED ~~Printer~~ Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deane Hornberger

(Address) 114 N. Glover St

Filed 10/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1907 to October 8 1907

that I last saw h in alive on October 8 1907,

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Pulmonary Tuberculosis (?)

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W. F. Riley M.D.

Address 1639 Broadway

Date October 10 1907

Place of Burial Mt. Auburn Cemetery

Date Oct. 13th 1907

Undertaker W. Saunders Sons.

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 5488

Registered No. B C 5488

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 927 China Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robert Young

{Residence, if in Baltimore, Give Street and Number.} 927 China Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Young

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Althea Young

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Young

(Address) 927 China St.

Filed 10/12 1907

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Oct 9 1907 that I last saw him alive on Oct 10 1907 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (7.31)

(DURATION) 1 mo 11 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 mo 11 DAYS

(Signed) C. H. Fenton M.D.

Address 712 S. Chapel

Date Oct 11 1907

Place of Burial Mt. Auburn Cem.

Date October 13 1907

Undertaker John H. Toadvine

Address 1420 W. Pike St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5489

Ward ..... C 5489 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 Caulon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C. Wolf

{Residence, if in Baltimore, Give Street and Number.} 831 Caulon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 27 1858

AGE 49 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Isaac Brouse

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rebecca Bullson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Wolf

(Address) 831 Caulon St

Filed 10/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thos Sudler Comm ..... M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial Baltimore Cem

Date Oct 12 1907

Undertaker W. J. Dickerson Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — Registered No. B C 5490

C 5490

CERTIFICATE OF DEATH.

661

(Place of Death.) No. 1340 N. Eden St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Juliet P. Wright

{Residence, if in Baltimore, Give Street and Number.} 1340 N. Eden St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Unknown

AGE: about 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: Thos. Piersol

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Mary Ann Good

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wright

(Address) 1340 N. Eden St

Filed 10/12 1907 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15th 1907 to Oct 10th 1907

that I last saw h[er] alive on Oct 9th 1907,

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

Cerebral Paralysis

(DURATION) 10 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferis Bucy M.D.

Address 2844 St Paul St

Date Oct 11th 1907

Place of Burial Greenmount Cem

Date Oct 12 1907

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 5491

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5491

City of Baltimore, (No. Harford ave & Holy Cross Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James E Dorsey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) ..... (Day) 1837 Year)

AGE: 70 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Dorsey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Margarett Ryan

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Hillinger

(Address) Ellicott City Md

Filed 10/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 11th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1907 to Oct 11 1907 that I last saw him alive on Oct 10th 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Diabetes

6 mos (DURATION) — DAYS

Contributory Exhaustion

several days (DURATION) ..... DAYS

(Signed) John F Mauger M. D.

Oct 11th 1907 (Address) 1007 E Eden ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Ellicott City Md

DATE OF BURIAL: Oct 13 1907

UNDERTAKER: L Hillinger & Son

ADDRESS: Ellicott City Md

L Hillinger & Son Ellicott City Md

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward.....

Registered No. B C 5492

C 5492

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thos. McGovern

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed 10/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 10 1907

that I last saw h alive on Oct. 10 1907

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

.....(DURATION).....DAYS

Contributory (Primary.) Nephritis

.....(DURATION).....DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct 11 1907

Place of Burial Sacred Heart

Date Oct. 12" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 5495

Ward 10 C 5493 ~~C 5495~~ Registered No. B ~~C 5478~~ 167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mamie Johnson

{Residence, if in Baltimore, Give Street and Number.} 704 Eutaw St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Robert Barlow

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Wilhemina Cormick

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 809 McKimm St

Filed 10/12 1907

[redacted] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Oct 8 1907

that I last saw h ed alive on Oct 8 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Duodenal ulcer

2+ hrs. (DURATION) DAYS

Con'tributory (Primary.) Burns about body 2nd degree (DURATION) DAYS

(Signed) John E Moore M.D.

Address St Josephs Hosp.

Date Oct 9 1907

Place of Burial Laurel

Date October 12 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 5494 — Registered No. B C 5494

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Meakins

{ Residence, if in Baltimore, Give Street and Number. } 1219 E Lexington St

Duration of Residence in Baltimore. 1

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A friend Mrs Fields

(Address) 1219 E Lexington st

Filed 10/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 10 1907

that I last saw h[illegible] alive on Oct 10 1907

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Uremia -

Chronic nephritis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date October 11 1907

Place of Burial Antioch Cemetary

Date Oct 21 1907

Undertaker R A Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5495

Ward 11 C 5495 Registered No. B 110 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Smith

{Residence, if in Baltimore, Give Street and Number.} 1213 Maryland Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 37 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER: Charles H Sanderburg

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Amand Sandertuzg

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Brothers

(Address) 317 Chestenut-St

Filed 10/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 9 1907 that I last saw h~~im~~ alive on Oct 9 1907, and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute yellow atrophy of liver

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date Oct 9 1907

Place of Burial Laurel Cemetery

Date Oct 12 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Balti...

Ward ..... C 5496 Registered No. B ..... C 5496

146

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel Reid

{Residence, if in Baltimore, Give Street and Number.} 533 N. Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John R. Reid

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Adel Woods

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 533 W Biddle St

Filed 10/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 9 1907 to Oct 11 1907 that I last saw h.er alive on Oct 10 1907, and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Rickets — —

— —

— —

Six months (DURATION) — DAYS

Contributory (Primary.) Intestinal-nutrition

(DURATION) — DAYS

(Signed) Edw. Wheatley M.D.

Address 1220 Dolphin Ave

Date Oct 11 — 1907

Place of Burial Laurel Cemetery

Date Oct 20 1907

Undertaker R A Elliott

Address 5-0 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, C[illegible]

Ward 7 — Registered No. B C 5497

C 5497

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 S Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathilde Ohrmann

{Residence, if in Baltimore, Give Street and Number.} 307 S Broadway

Duration of Residence in Baltimore. 47 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W

DATE OF BIRTH 1

AGE In her 87 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Franz Ohlenroth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Fredericka Shaffer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ohrmann Per HEK

(Address) 307 S Broadway

Filed 10/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 11 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6 — 1907 to Oct 11 — 1907 that I last saw her alive on Oct 11 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho- Pneumonia —

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 125 [illegible]

Date Oct - 11 — 1907

Place of Burial London Park.

Date OCT 14 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 6 — C 5498 — Registered No. B C 5498

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas C. Daugherty

{ Residence, if in Baltimore, Give Street and Number. } 2102 Orleans St., City

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Chrisfield Md

FULL NAME OF FATHER: Thomas W Daugherty

BIRTHPLACE OF FATHER (State or country): Chrisfield Md

MAIDEN NAME OF MOTHER: Catharine Daugherty

BIRTHPLACE OF MOTHER (State or country): Chrisfield Md

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Daugherty

(Address) 2102 Orleans St.

Filed 10/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Oct. 10 1907

that I last saw him alive on Oct 10 1907.

and that death occurred, on the date stated above, at 10:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease

(DURATION) DAYS

Contributory (Primary) Brights disease

(DURATION) DAYS

(Signed) L. C. Williams M.D.

Address U.S. Marine Hospital.

Date Oct. 10 1907

Place of Burial Chrisfield Md

Date Oct 13th 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTME..

Ward 3 C 5499 Registered No. B C 5499

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Crovo

{Residence, if in Baltimore, Give Street and Number.} 1407 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Howard Crovo

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Etta Ray

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Crovo

(Address) 1407 Bank St.

Filed 10/12 1907 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 10 1907 that I last saw h— alive on Oct 10 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Debility

..... (DURATION) Some Days

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J Wantman M.D.

Address 16 S Broadway

Date Oct 11 1907

Place of Burial New Cathedral

Date Oct 12th 1907

Undertaker Krudell Lifsped & Bar

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5500

City of Baltimore, (No. 1313 N. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Samuel and Louise M. King

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 10 (Day) 1907 (Year)

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel J. King

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louise M. Zettlemoyer

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel J. King.

(Address) 1431 N. Patterson Park Ave

Filed 10/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 12 1907 that I last saw h-r alive on Oct 11 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Premature Birth

..... (DURATION) ..... DAYS

Contributory Asthenia

..... (DURATION) ..... DAYS

(Signed) Samuel J. King M. D.

Oct 12 1907 (Address) 1431 Patterson Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct. 12 1907

UNDERTAKER: Chas. E. Franck — ADDRESS: 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

Ward 12 — C 5501 — Registered No. B ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Nawrozeka

{Residence, if in Baltimore, Give Street and Number.} 610 S. Bond st

Duration of Residence in Baltimore... Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: ....1....

AGE: 1 years, 3 months, nil days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph Nawrocki

BIRTHPLACE OF FATHER (State or country): Poland —

MAIDEN NAME OF MOTHER: Wanda Waluskewicz

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Nawrocki

(Address) 610 S. Bond St

Filed 10/11 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 10 1907.

that I last saw h... alive on ... 190..,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus

3 days (DURATION) DAYS

Contributory (Primary.) asthenia

3 days (DURATION) DAYS

(Signed) A. J. Freedman M.D.

Address 918 E Fayette st

Date Oct 11. 1907

Place of Burial Holy Rosary

Date October 12 1907

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH

Ward 5 C 5502 Registered No. B C 5502

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Lexington~~ City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Regina Eng—

{Residence, if in Baltimore, Give Street and Number.} 92 E Bute St.

Duration of Residence in Baltimore. 8 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Unk. 1

AGE 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S—

BIRTHPLACE (State or country) Hungary—

FULL NAME OF FATHER Unk.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Esher

(Address) City Hospital

Filed 10/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10— 1907

I HEREBY CERTIFY, That I attended deceased from Sept 26 1907 to Oct 10 1907 that I last saw h— alive on Oct 10 1907, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

(DURATION) — DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) W H Esher M.D.

Address Balt City Hospital

Date Oct 10— 1907

Place of Burial Holy Rosary

Date October 12 1907

Undertaker Jacob Lipsikowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward √ C 5503 Registered No. B

CERTIFICATE OF DEATH. C 5503

(Place of Death.) No. 1813 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Janacki

{ Residence, if in Baltimore, Give Street and Number. } 1813 Lancaster st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jacob Daniecki

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Jozefa Jankoska

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Daniecki

(Address) 1813 Lancaster St

Filed 10/12 1907 HARRY C. ANDREWS, PUBLIC CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 9 1907 that I last saw h alive on Oct 9 1907, and that death occurred, on the date stated above, at P M. CAUSE OF DEATH (Secondary or Immediate)

cereb. Hemorrhage

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Walsh M.D.

Address 16 E Bway

Date Oct 10 1907

Place of Burial Holy Rosary.

Date Saturday Oct 12 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5504

City of Baltimore, (No. 1807 Etting St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Burnette

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 32 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Singl

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Frank Burnett

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Priscilla Jones

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Burnett

(Address) 1807 Etting st

Filed 10/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October. 10th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Oct 9th 1907

that I last saw h er alive on Oct 9 1907

and that death occurred, on the date stated above, at 7 30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 1 Yrs 7 DAYS

Contributory to date None

(DURATION) DAYS

(Signed) Chas E Parker M. D.

10/11 1907 (Address) 311 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL Oct 14 1907

UNDERTAKER Adam H Hinsley — ADDRESS 578 N Bridge

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Coroner, when the case comes under his notice, to furnish within

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 5505

City of Baltimore, (No. 1413 N. Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Russomano

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: July (Month) 27 (Day) 1858 (Year)

AGE: 49 years, 2 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: Ambrose Carson

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Amanda Duvall

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W. Russomano

(Address) 1413 N. Saratoga

Filed 10/12 1907

HARRY G. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: OCT 11 1907 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22 1907 to Oct 11 1907 that I last saw h~~e~~r alive on Oct 10 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Pneumonia followed by delayed resolution

(DURATION) 8 Wks

Contributory Cold and gradual pulmonary Edema (DURATION) 4 DAYS

(Signed) J. Wesley Cole, M. D.

Oct 14 1907 (Address) 7351 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 14 1907

(UNDERTAKER) Joseph B Cox — ADDRESS: 103 3 Baltimore

B

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19V

CERTIFICATE OF DEATH. C 5506

Registered No. B

City of Baltimore, (No. 422 Roland Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob A Buell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Mar. 24 1851 (Month) (Day) (Year)
AGE	56 years, 6 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Jno. H. Buell
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah Johnson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret J. Buell

(Address) 422 Roland Ave

Filed 10/12" 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 11 1907

that I last saw h[illegible] alive on Oct 11 1907,

and that death occurred, on the date stated above, at 1130 A. M. The CAUSE OF DEATH was as follows:

Valvular disease of heart

(DURATION) DAYS

Contributory Acute indigestion

Coming collapse (DURATION) 1 DAYS

(Signed) R. B. Norment M. D.

Oct 12 1907 (Address) 324 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	Oct. 13 1907
UNDERTAKER	ADDRESS
Horace Burger	3621 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B C 5507

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 622 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Sarah Trout

{ Residence, if in Baltimore, Give Street and Number. } 210 N Eden St

C 5507

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 10 1907

AGE ..... years, ... months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Max Trout

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Isemann

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Trout

(Address)

Filed Oct 13th 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

C 5507

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 11 1907

that I last saw h— alive on Oct 11 1907.

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Delivery

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H H Manbaugh M.D.

Address 622 W Lombard St

Date Oct 12 1907

Place of Burial Rose Dale Cemetery

Date Oct 13, 1907

Undertaker Max Levinson

Address 1610 N Eden St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5508

Ward 20th — C 5508 — Registered No. B

CERTIFICATE OF DEATH.

9 V

(Place of Death.) No. 317 S Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Fumbe

{Residence, if in Baltimore, Give Street and Number.} 317 Central ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 12 1904
AGE	3 years, — months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William H Fumbe
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Matti Hamilton
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eg Hamilton

(Address) 317 S Central ave.

Filed 10/13 1907 HARRY C. ARUKAWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1907 to Oct. 13 1907 that I last saw him alive on Oct. 13 1907 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

was due to

Diphtheria.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Palmisano M.D.

Address 224 S. Exeter St

Date October 13th 1907

Place of Burial Emmanuel Cemetery

Date Oct 14 1907

Undertaker Louis Hermann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE

9 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 5509 Registered No. B C 5509

9 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan Alexander

{ Residence, if in Baltimore, Give Street and Number. } 119 North High Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Max Alexander

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jennie Miller

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Alexander

(Address) 119 n High st

Filed 10/13 1907

HARRY G. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 12 1907 that I last saw him alive on Oct 12 1907, and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria - Probable acute dilitation of heart.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date 190

Place of Burial Hebrew Cemetery / Hebrew Friendship Cemetery

Date Oct 13, 1907

Undertaker Max Levinson

Address 629 n E Lombard

11 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 5510 Registered No. B C 5510

CERTIFICATE OF DEATH.

(Place of Death.) No. 57. Brown Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John. E. Ebardt

{ Residence, if in Baltimore, Give Street and Number. } 57. Browns Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 5 1860

AGE: 47 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ~~Germany~~ Baltimore Md.

FULL NAME OF FATHER: Raymond Ebardt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Ebardt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mr Charles F. Ebardt

(Address 57 Browns Lane

Filed 10/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Oct 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 3 P M.

CAUSE OF DEATH (Secondary or Immediate): Phthisis Pulmonalis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thos C Jones M.D.
Coroner

Address

Date Oct 12th 1907

Place of Burial London Park

Date Oct 13th 1907

Undertaker Mrs Geo. P. Paulus

Address 2101 Frederick Ave.

HENRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5511

City of Baltimore, (No. 813 McCulloh St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Wheatfield

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH July 1st 1827 (Month) (Day) (Year)

AGE 80 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Max Klauber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Max Kretch

(Address) 2327 Eutaw Place

Filed 10/13 1907

DAISY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 9th 1907 to Oct. 11th 1907

that I last saw h[illegible] alive on Oct. 11th 1907

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Dilatation of Heart

10 Hours (DURATION) — DAYS

Contributory Congestion of Lungs. (DURATION) 3 DAYS

(Signed) A. A. Lacca M. D.

Oct 12th 1907 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Hebrew Friendship Cem...

PLACE OF BURIAL OR REMOVAL Baltimore Hebrew Cemetery

DATE OF BURIAL 10/13 1907

UNDERTAKER J. A. Lucas & Co.

ADDRESS [illegible]

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 5512 Registered No. B C 5512

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Kochanowski

{ Residence, if in Baltimore, Give Street and Number. } # 918 S. Wolf St,

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph Kochanowski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Mary Nowakoska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kochanowski

(Address) 918 S. Wolfe St

Filed 10/13" 1907 HARRY C. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12 1907

I HEREBY CERTIFY, That I attended deceased from October 9 1907 to Oct. 12 1907

that I last saw him alive on Oct 12 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

followed by

Bronchitis Catarrh

(DURATION) 24 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 4 DAYS

(Signed) John H. Rohberger M.D.

Address 1709 Aliceanna St

Date Oct 12 1907

Place of Burial Holy Rosary

Date Sunday Oct 13" 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 C 5513 Registered No. B C 5513

CERTIFICATE OF DEATH.

(Place of Death.) No. 241 N. Bruce 97

Full Name Mary A Peters St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

{ Residence, if in Baltimore, Give Street and Number. } 241 N Bruce St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: .....

AGE: 45 years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thomas Scott

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Hannah Wilson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willie Peters

(Address) 240 Bruce st

Filed 10/13 1907

HARRY O. ANDERSON
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10 - 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to Oct 10 1907

that I last saw him alive on Oct 9 1907

and that death occurred, on the date stated above, at 1145 P M.

CAUSE OF DEATH (Secondary or Immediate) Asthma. Dropsy — continued

3 months (DURATION)

Contributory (Primary) Heart 5 DAYS

(Signed) J. G. Bernard M.D.

Address 708 Gilmor St

Date 10-11- 1907

Place of Burial Mt Auburn Cemetery

Date Oct 13 1907

Undertaker Geo H Harper

Address 609 Light Pleasant

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, or other person superintending the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or the Coroner, when the said burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 17

C 5514

Registered No. B C 5514

CERTIFICATE OF DEATH.

(Place of Death.) No 2018 Barclay

Full Name Frederick C Gabrinski

{ Residence, if in Baltimore, Give Street and Number. } 2018 Barclay St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR W

DATE OF BIRTH May 15 1867

AGE 60 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Gustave Gabrinski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Ann Miller

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lithographer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F Abermoth

(Address) 2018 Barclay.

Filed 10/13 1907

HARRY C. [illegible]
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to 11 1907

that I last saw h im alive on Oct 11 1907

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Stomach

Contributory (Primary) (DURATION) 2 DAYS

Arteriosclerosis Unknown (DURATION) DAYS

(Signed) Edmund C Gibbs M.D.

Address 316 E. North Ave

Date October 12 1907

Place of Burial Mount Catholic

Date Oct 14 1907

Undertaker E A Whitefield Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 9 C 5515 Registered No. B C 5515

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas W Beeler

{ Residence, if in Baltimore, Give Street and Number. } 1622 N Wolfe st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 6 1907

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Harry Beeler

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Lida May Height

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Beeler

(Address) 1622 N Wolfe St

Filed 10/13 1907 HARRY C. ANDREW Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 13 1907

that I last saw h... alive on Oct 12 1907,

and that death occurred, on the date stated above, at 4 00 a m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions.

(DURATION) 7 DAYS

Contributory (Primary.) ?

(DURATION) DAYS

(Signed) Chas. B. Finch M.D.

Address 830 N Broadway

Date Oct 13 1907

Place of Burial Loudon Park

Date Oct 13 1907

Undertaker H. A. & T. Tuckwell Sons

Address Camden & Rich Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 5516 Registered No. B C 5516

CERTIFICATE OF DEATH.

(Place of Death.) No. Medfield Place Falls Rd above Montpelier St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ferdinand M Collins

{Residence, if in Baltimore, Give Street and Number.} Medfield Place Falls Rd

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wht

DATE OF BIRTH: Apr 19 - 1895

AGE: 12 years, 6 months, 24 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jno Robt Collins

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Gertrude Anderson

BIRTHPLACE OF MOTHER (State or country): Anarundel Co Md

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Silvia Anderson

(Address) Medfield Pl. Falls Rd

Filed 10/13 " 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct-3rd 1907 to Oct-13 1907 that I last saw h alive on Oct-12 1907, and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate)

Toxemia following diphtheria especially affecting Heart (DURATION) 10 DAYS

Contributory (Primary) Diphtheria (DURATION) 14 DAYS

(Signed) Wm H Feddeman M.D.

Address 600 W Mt Ave

Date Oct - 13 1907

Place of Burial Odenton Md

Date Oct. 14th 1907

Undertaker G.F. Walker

Address 723 N Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 5517 Registered No. B C 5517

CERTIFICATE OF DEATH.

(Place of Death.) No. 1842 Duncan alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Early w DeHaven

{ Residence, if in Baltimore, Give Street and Number. } 1842 Duncan Alley

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Oct 12th 1907

AGE ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Harry J. DeHaven

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Anna C. Harris

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J. DeHaven

(Address) 1842 N Duncan Alley

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12th. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to Oct 12th 1907

that I last saw h alive on Oct 12th 1907

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary) Suffocation.

Inner Lock (DURATION) DAYS

(Signed) E. Pollock M.D.

Address 1419 E Eager St.

Date Oct 13 1907

Place of Burial MT. CARMEL CEMETERY

Date OCT 14 1907

Undertaker Christian Miller

Address 2334 Jefferson Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 9 C 5518 Registered No. B C 5518

CERTIFICATE OF DEATH.

(Place of Death.) No. 1038 Vine St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Albert Smith

{Residence, if in Baltimore, Give Street and Number.} 1038 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH 6 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED 6

BIRTHPLACE (State or country) State md

FULL NAME OF FATHER Albert Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER 6

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fannie Tumbler

(Address) 1038 Vine St

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to — 190—

that I last saw h— alive on Oct 11 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero-Colitis

(DURATION) 6 DAYS

Con'ributory (Primary.) Acetonemia

(DURATION) 3 DAYS

(Signed) W Howard M.D.

Address 939 n Fayette

Date Oct 13 1907

Place of Burial Mt Auburn

Date Oct 14 1907

Undertaker Alfred J. Freeland

Address 1061 Schroeder

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C 5519

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5519

City of Baltimore, (No. 1725 Westwood Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard A. Russell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. (Month) 19th (Day) 1905 (Year)

AGE: 2 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Richard Russell

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Jessie Dillon

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jesse Russell

(Address) 1725 Westwood Av.

Filed 10/14 1907

HARRY D. ANDREWS, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to Oct 11th 1907

that I last saw h[illegible] alive on Oct 10th 1907,

and that death occurred, on the date stated above, at 2 45 A. M. The CAUSE OF DEATH was as follows:

Marasmus following dysentery

3 Mo. (DURATION) DAYS

Contributory Wasting & Marasmus

2 Mo. (DURATION) DAYS

(Signed) C. A. Smith M.D.

Oct 12 1907 (Address) 16a W. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Mary's Towns — DATE OF BURIAL: Oct 14 1907

UNDERTAKER: M. Foley & Sons — ADDRESS: 606 Lafayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 5520 Registered No. B C 5520

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 W North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Kay

{Residence, if in Baltimore, Give Street and Number.} 1900 W North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Sept 9th 1907

AGE — years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Truman B Kay

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma D Witherow

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Truman B Kay

(Address) 1900 W North Ave

Filed 10/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 13 1907

that I last saw her alive on Oct 13 1907,

and that death occurred, on the date stated above, at ——

——M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) R. A. Moynihan M.D.

Address 855 Park Ave

Date Oct 14, 1907 1907

Place of Burial London Park Cem

Date Oct 14th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5521 Registered No. B C 5521

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 Welcome al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly Pearl Sophia Mopkins

{Residence, if in Baltimore, Give Street and Number.} 502 Interna Alley

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 22nd June, 1907

AGE: ...years, 3 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR~~ DIVORCED: Singl

BIRTHPLACE (State or country): Baltimore, Maryland

FULL NAME OF FATHER: John Henry Mopkins

BIRTHPLACE OF FATHER (State or country): Washington, D. C.

MAIDEN NAME OF MOTHER: Sarah Foot

BIRTHPLACE OF MOTHER (State or country): Calvert County, Md.

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Mopkins

(Address) 502 Welcome alley

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1907 to Oct. 13th 1907 that I last saw her alive on Oct 13th 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ileo-colitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Bertha E. Tapman M.D.

Address 115 W. Barre Street.

Date October 13th 1907

Place of Burial Mt. auburn Cem.

Date October 15 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5522 Registered No. B C 5522

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. W Warner

{Residence, if in Baltimore, Give Street and Number.} 506 W. West St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Ernest Warner

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Estella Hayes

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Warner

(Address) 506 w West St

Filed 10/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from 2 wks ago 1907 to Oct 13 1907

that I last saw him alive on Oct 12 1907

and that death occurred, on the date stated above, at 5.00 a. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) E S Ellis M.D.

Address 915 Light St

Date Oct 13 1907

Place of Burial Mt. Z

Date Oct 15 1907

Undertaker Joseph Trademan

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 3523 Registered No. B C 3523

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Lewandoski

{Residence, if in Baltimore, Give Street and Number.} 1522 Eastern Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 26 1907

AGE ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) ~~Poland~~ Balto

FULL NAME OF FATHER St. Lewandoski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Sokolski

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Lewandoski

(Address) 1522 Eastern Ave

Filed 10 Jul 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 8 1907 to Oct. 12 1907 that I last saw him alive on Oct. 12 1907, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate) Septicaemia (from infection of navel)

(DURATION) 7 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. Josephson M.D.

Address 4 N. Bway

Date Oct. 13 1907

Place of Burial Holy Rosary

Date Oct. 14 1907

Undertaker Jacob Frankowski

Address 428 S Bond

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106 ✓

CERTIFICATE OF DEATH.

Registered No. B 5524

City of Baltimore, (No. 510, Enson St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Stahn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 16 (Day) 1827 (Year)

AGE: 80 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Frederick Lantz

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Louisa Scheuber

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Stahn

(Address) 510 Enson St.

Filed 10/14 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Oct 12th 1907 that I last saw h[illegible] alive on Oct 11 1907, and that death occurred, on the date stated above, at A. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 60 DAYS

Contributory Asthenia

(DURATION) 5 DAYS

(Signed) Sam'l Bell M. D.

Oct 12 1907 (Address) 1516 E Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Lauderdale Park — DATE OF BURIAL: Oct 14 1907

UNDERTAKER: A. Fink & Son — ADDRESS: 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 C 5525 Registered No. B C 5525

CERTIFICATE OF DEATH.

151

(Place of Death.) No. East End Maternity Platt near Hicken St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert H. Knight

{Residence, if in Baltimore, Give Street and Number.} 1921 Lansdowne Road

Duration of Residence in Baltimore. 11 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH October 2, 1907

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Paul A. Knight

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary E. Sharmy

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul A. Knight

(Address) 1921 Landstown St

Filed 10/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13, 1907

I HEREBY CERTIFY, That I attended deceased from October 7, 1907 to October 13, 1907 that I last saw him alive on October 13, 1907, and that death occurred, on the date stated above, at 9.4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) F. W. Stacpoole M.D.

Address Frankfurt Queen Anne Co Md

Date October 13, 1907

Place of Burial Loudon Park

Date Oct 14 1907

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5526

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5526

City of Baltimore, (No. 844 N. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Martin Dowty

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Mar 16 1906 (Month) (Day) (Year)

AGE: 1 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: child

BIRTHPLACE (State or country): Balto city Md

FULL NAME OF FATHER: Mortimer J Dowty

BIRTHPLACE OF FATHER (State or country): Balto. city Md

MAIDEN NAME OF MOTHER: Nellie M. Thomas

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mortimer J. Dowty

(Address) 844 N. Lombard St

Filed ..... 190 .....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 12th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1907 to Oct 12th 1907

that I last saw h— alive on Oct 12 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia, 1 (DURATION) DAYS

Contributory Double Pneumonia, 3 (DURATION) DAYS

(Signed) J. H. Selbymeyer M. D.

Oct 13 1907 (Address) 1920 Linden Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct 15 1907

UNDERTAKER: Geo J Smith & Co — ADDRESS: W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 5527 Registered No. B C 5527

64 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Anderson

{ Residence, if in Baltimore, Give Street and Number. } 500 N Bruce st

Duration of Residence in Baltimore. Thirty-years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 70 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Nicholas Black	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Lucinda Brown	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Laundress	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Valentine

(Address) 500 Bruce St

Filed 10/14 1907 Registrar

HARRY O. ANDREWS
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 m 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

died suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

~~Addr. 13th~~ ~~Addr Baltimore~~

Address 700 Log. Av. (Corner)

Date Oct. 16 th 1907

Place of Burial Mt Auburn Cemetery

Date October 15 1907

Undertaker Felix B Pyz

Address 1028 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 5528 Registered No. B C 5528

15-1 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary C. Tripp

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Sept. 2, 1907

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Elizabeth Tripp

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. M. Anastasia

(Address)

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 3 1907 to Oct. 12 1907 that I last saw h.. alive on Oct. 11, 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

6 weeks - (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Oct. 12, 1907

Place of Burial Cathedral Cemetery

Date Oct. 14th 1907

Undertaker Felix O'Rye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C 5529 — Registered No. B C 5529

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph R. McCaig.

{Residence, if in Baltimore, Give Street and Number.} 1813 Hope St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 20th 1878

AGE: 29 years, 6 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: William McCaig

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Catherine McDonald

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Rail Road Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Effie D. McCaig

(Address) 1813 Hope st

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11, 1907

I HEREBY CERTIFY, That I attended deceased from Sep. 21 1907 to Oct 11 1907 that I last saw him alive on Oct 11 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

2 hours (DURATION) DAYS

Contributory (Primary) Uraemia

4 weeks (DURATION) DAYS

(Signed) Eugene L. Tessagnol M.D.

Address St Joseph's Hospital

Date Oct. 11, 1907

Place of Burial London Park Cemetery

Date October 16th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C 5530

Registered No. B C 5530

65 N

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 Argyle Ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert L. Giles

{Residence, if in Baltimore, Give Street and Number.} 1418 Argyle Ave

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colard

DATE OF BIRTH: June 14 1860

AGE: 47 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Georgia

FULL NAME OF FATHER: Albert Mason Giles

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: Agnes Norton

BIRTHPLACE OF MOTHER (State or country): Georgia

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Giles

(Address) 1133 Argyle ave

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday, Oct 12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1907 to Oct 12th 1907

that I last saw h im alive on Oct 11th 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Gradual (DURATION) DAYS

Contributory (Primary) Softening of brain (DURATION) DAYS

(Signed) A L Bloch M.D.

Address 607 N Charles St

Date Oct 12th 1907

Place of Burial Mt Auburn Cemetery

Date October 15 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C 5531

Registered No. B C 5531

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Harris

{Residence, if in Baltimore, Give Street and Number.} Rogers Road Towson

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: —

AGE: 6z years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Nathan Harris

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Helen Davis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan Harris

(Address) Roger Road Towson

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h in alive on Oct 11 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

Contributory (Primary) Pneumonia (DURATION) DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Oct. 12 1907

Place of Burial Towson Md

Date Oct-14 1907

Undertaker R. K. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 5532 Registered No. B C 5532

105 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 N. Dallas. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernan Brown.

{Residence, if in Baltimore, Give Street and Number.} 225 N Dallas St

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Sept 2 1907

AGE ..... years, ... months, 5 Weeks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jessie B Brown

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rachell Washington

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Son

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fostter Jessie B Brown

(Address) 225 N. Dallas St

Filed 10/14 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 9th 1907 to Oct 13 1907 that I last saw him alive on Oct 12 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Cholera infantum

(DURATION) 4. DAYS

Contributory (Primary.) —

(DURATION) 4 DAYS

(Signed) J E Brand M.D.

Address 202 Aisquith St

Date Oct 13 1907

Place of Burial Asbury Lane

Date Oct 14 1907

Undertaker R A Elliott

Address 504 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5533 Registered No. B C 5533

CERTIFICATE OF DEATH.

17 3 V

(Place of Death.) No. 811 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Gertrude Mutch

{Residence, if in Baltimore, Give Street and Number.} 811 Park ave

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 2 — 1879

AGE: 27 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: M Joseph Mutch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josephine Katzenberger

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S Mutch

(Address) 430 E. 22nd St —

Filed 10/14 1907 HENRY O. WINDSOR Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1907 to Oct 12th 1907 that I last saw her alive on Oct. 12th 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anasitca

(Voluntary)

from family representations

for several (DURATION) Months DAYS

Contributory (Primary) Nephritis

upon Paracentesis & Transfusion (DURATION) DAYS

(Signed) Jno Bonnie Boyle M.D.

Address 104 E. Madison St.

Date Oct. 14 1907

Place of Burial New Cathedral Cem

Date Oct 15" 1907

Undertaker H. J. Hopkins & Sons Co

Address 366 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 5534 Registered No. B C 5534

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Chas Hupfer

{Residence, if in Baltimore, Give Street and Number.} 208 N. Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 6th Jan 1889

AGE 18 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Benedict Hupfer

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Amelia Hanemann

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Hupfer (Bro)

(Address) 208 N Milton Ave

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Oct 12 1907

that I last saw him alive on Oct 12 1907,

and that death occurred, on the date stated above, at 6.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) 14 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 yr. DAYS

(Signed) A. G. Bryans M.D.

Address 2204 E. Monument St

Date 10/13 1907

Place of Burial Holy Redeemer

Date Oct. 15 1907

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 20 C 5535 Registered No. B 5535

CERTIFICATE OF DEATH.

(Place of Death.) No. 2114 Eagle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Fireman

{Residence, if in Baltimore, Give Street and Number.} 2114 Eagle St.

Duration of Residence in Baltimore. 15½ days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 28 1907

AGE: ..... years, ... months, 15½ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: Louis Fireman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Cohen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. B. Bordensky M.D.

(Address) 507 S. Pulaski St.

Filed 10/14 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to Oct. 13 1907 that I last saw her alive on Oct. 13 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 3 DAYS

Con'ributory (Primary.) Bronchitis

(DURATION) 8 DAYS

(Signed) Nathan B. Bordensky M.D.

Address 507 S. Pulaski St.

Date Oct. 14 1907

Hebrew Cem

Place of Burial Washington Road

Date Oct 14th 1907

Undertaker C. H. McCormack

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5536 Registered No. B C 5536

CERTIFICATE OF DEATH.

(Place of Death.) No. 401 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernhard B Mueller

{Residence, if in Baltimore, Give Street and Number.} 401 - N. Chester

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1893

AGE 14 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bernhard Mueller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhard Mueller

(Address) 401 N. Chester st

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to Oct 13 1907

that I last saw h in alive on Oct 13 1907,

and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (Lobar)

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans

Date Oct 14 1907

Place of Burial Holy Redeemer cemetery

Date Oct 16 1907

Undertaker J C Schuh & Son

Address 3515 E. Baltimore st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5537 Registered No. B C 5537

130

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lenora Theresa Schmatman

{Residence, if in Baltimore, Give Street and Number.} 16th St and 1st Ave Baltimore Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ....1....

AGE: 25 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Schmatman & Son

(Address) 3507 E. Balto St

Filed 10/14 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 12 190 7

I HEREBY CERTIFY, That I attended deceased from Sept 9 190 7 to Oct 12 190 7

that I last saw h alive on Oct 12 190 7,

and that death occurred, on the date stated above, at 3.45

M. CAUSE OF DEATH (Secondary or Immediate)

Embolism

(DURATION) DAYS

Contributory (Primary.) Pelvic Abscess

(DURATION) DAYS

(Signed) Wm C. Pauli M.D.

Address Johns Hopkins Hospital

Date October 12 190 7

Place of Burial Dr. Paul Shipyard

Date Oct 15th 190 7

Undertaker J. C. Schmatman & Son

Address 3507 E. Balto St

HARRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 5538 Registered No. B 154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 S Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie A Deik

{Residence, if in Baltimore, Give Street and Number.} 20 S Mount St

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 28 1824

AGE 83 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Haller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H N Daneker

(Address) 20 S Mount St

Filed 10/15/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1 1907 to Oct 13th 1907

that I last saw her alive on Oct 13 1907,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

2 H Hours (DURATION) DAYS

Contributory (Primary.) Old Age

(DURATION) DAYS

(Signed) James Bailey M.D.

Address 1701 Hollins St

Date Oct 14 1907

Place of Burial Baltimore Cem

Date Oct 16 – 10 am 1907

Undertaker Jos B. Cook

Address 1903 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 5539 Registered No. B C 5539

CERTIFICATE OF DEATH.

(Place of Death.) No. Patrol Wagon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorsey Young

{Residence, if in Baltimore, Give Street and Number.} 33 S. Dallas St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1857

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Easton Shore Md

FULL NAME OF FATHER Dorsey Young

BIRTHPLACE OF FATHER (State or country) Cambridge Md

MAIDEN NAME OF MOTHER Susie Yound

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabell Jones

(Address) 116 N Dallas st

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ..... DAYS

Con'ributory (Primary)

(DURATION) ..... DAYS

(Signed) Thomas Duller Coroner M.D.

Address 320 N Greene st

Date ..... 190 .....

Place of Burial Laurel Cemetary

Date Oct 14 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B C 5540

C 5540

CERTIFICATE OF DEATH.

47 V

(Place of Death.) No. 421 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Mordecai

{Residence, if in Baltimore, Give Street and Number.} 421 E. Monument St

Duration of Residence in Baltimore. 5-3 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 0 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Mr. Hanson

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mrs. Hanson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs. Mary Lenton

(Address 421 E. Monument St

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13, 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Cancer 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12 20 P. M. CAUSE OF DEATH (Secondary or Immediate) Heart Disease

(DURATION) DAYS

Contributory (Primary) Rheumatism

(DURATION) DAYS

(Signed) Benj. S. Hagan M.D. Coroner

Address 1216 E. Caroline St

Date Oct. 13. 1907

Place of Burial St Vincent's Cemetery

Date October 15, 1907

Undertaker Edward Byrne

Address 302 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5541

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

81 V

CERTIFICATE OF DEATH. C 5541

Registered No. B.....

City of Baltimore, (No. 1826, Harford Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victoria Elizabeth Rossing.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: May (Month) 20 (Day) 1832 (Year)

AGE: 75 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Eckert.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. A. Rossing.

(Address) 2417 Greenmount Av

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1907 to Oct. 11, 1907

that I last saw her alive on Oct. 11, 1907,

and that death occurred, on the date stated above, at 10.15 a. m. The CAUSE OF DEATH was as follows:

Arteriosclerosis.

5 yrs. (DURATION) ..... DAYS

Contributory Heart failure. (DURATION) 7 DAYS

(Signed) Hugh Forsythe M. D.

Oct. 12, 1907 (Address) 424 E. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cem. DATE OF BURIAL: 10/14 1907

UNDERTAKER: J. Herwig & Son ADDRESS: 2005 Allens Av.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 5542 Registered No. B C 5542

CERTIFICATE OF DEATH.

(Place of Death.) No. #221 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Wagner

{Residence, if in Baltimore, Give Street and Number.} #221 N. Chapel St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 20th 1832

AGE 74 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine F Wagner

(Address) 221 N. Chapel St

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9 1907 to Oct 12 1907

that I last saw h alive on Oct 11 1907, and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 7 DAYS

Contributory (Primary.) Old Age

(DURATION) DAYS

(Signed) A. T. Roden M.D.

Address 1904 E. Fayette St

Date Oct 13 1907

Place of Burial Balto Cem

Date 10/15/07 190

Undertaker J. Herwig & Son

Address 2005 Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1790

CERTIFICATE OF DEATH.

Registered No. B C 5543

City of Baltimore, (No. 31 St Anns Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Freeze

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 10th (Month) (Day) 1903 (Year)

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 31 St Anns Ave

FULL NAME OF FATHER: Michael Freeze

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Monaghan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Freeze

(Address) 31 St Anns Ave

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 12th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1907 to Oct 11th 1907

that I last saw her alive on Oct 11 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Marasmus

& Enteritis Infantile 3

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) H B Hunter M. D.

Oct 12 1907 (Address) 419 E Fenton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Oct 14th 1907
UNDERTAKER	ADDRESS
A F Philbin	1711 Mad Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 5544 Registered No. B C 5544

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 N. Saratoga St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Bean

{Residence, if in Baltimore, Give Street and Number.} 1110 N. Saratoga St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER H. Snowden

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary J. Matthews

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Nursing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Miller

(Address) 1018 N Saratoga St

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Oct 11 1907

that I last saw h-er alive on Oct 10 1907

and that death occurred, on the date stated above, at 10 20 ~~P.~~ M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

I attended this case at above several months and — and at home 4 days

(DURATION) ? DAYS

Con'tributory (Primary.) Tuberculosis

(DURATION) ? DAYS

(Signed) Henry Mc Bayley M.D.

Address 1126 N. Howard Ave

Date Oct 12th 1907

Place of Burial Mt Auburn

Date Oct 14th 07 190

Undertaker Clarence E. Wright

Address 1364 Mary St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 23rd. C 5545 Registered No. B C 5545

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Gottschalk

{Residence, if in Baltimore, Give Street and Number.} 1512 Bank st.

Duration of Residence in Baltimore. 52 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH —

AGE 83 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER C. Gottschalk

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Gottschalk

(Address) 1512 Bank st.

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12th, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1907 to Oct. 12 1907 that I last saw h.im alive on Oct. 11 1907, and that death occurred, on the date stated above, at 5 4 P. M. CAUSE OF DEATH (Secondary or Immediate) Cardiac debility

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Aliceanna St.

Date October 12 1907

Place of Burial Mt Carmel

Date Oct. 14th 1907

Undertaker Krudell Lipsel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5546 Registered No. B C 5546

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Between Relay & Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Cramblitt

{Residence, if in Baltimore, Give Street and Number.} 1172 W. Hamburg st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 9 - 1880

AGE 27 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry B. Cramblitt

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Barbara Smith

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED R.R. Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry V. Cramblitt

(Address) 1172 W. Hamburg st

Filed 6/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured Skull

(DURATION) 1/2 hr.

Contributory (Primary.) ...

(DURATION) ... DATE

(Signed) Patrick F Manley M.D.

Address Conway

Date Oct 12 1907

Place of Burial Mt Olivet

Date Oct 14 1907

Undertaker H. J. Tickner & Sons

Address Camden & Paca

(Rail Road)

WM. J. C. DULANY CO., Baltimore.

PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11F

C 5547 Registered No. B C 5547

166K

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Miller

{ Residence, if in Baltimore, Give Street and Number. } Lineboro, Balto Co. Md

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept 12 1896

AGE 12 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm Miller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Wallenmyer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Miller

(Address) Lansdown Md

Filed 10/14 1907

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 12 1907

that I last saw him alive on Oct 10 1907

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

Accidentally struck by R.R. Locomotive.

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Hamilton M.D.

Address 1216 N. Carrollton Ave

Date Oct. 13 1907.

Place of Burial Loudon Hill

Date Oct 13 1907

Undertaker Wm J. McNerney & Co

Address Camden Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5548

City of Baltimore, (No. 1745 St. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes J Schaefer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — (Month) — (Day) 1880 (Year)

AGE: 27 years, ~~months~~, ~~days~~

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: James Doyle

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliza Nolan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E J Schaefer

(Address) 1745 St Charles St

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 12th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1907 to Oct 12th 1907

that I last saw her alive on Oct 12th 1907

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) 1 DAYS

Contributory Pregnancy 8½ months

(DURATION) ..... DAYS

(Signed) T. J. O'Donnell M. D.

Oct 14th 1907 (Address) 1340 Cham

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	10/15 1907
UNDERTAKER	ADDRESS
John J. Tabler	17 34 Hillen

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5549

City of Baltimore, (No. 1745 S. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Schaefer,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 12 (Day) 1907 (Year)

AGE: ~~X years~~, ~~X months~~, Twenty Minutes

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ X

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Christopher Schaefer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Doyle

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. E. Schaefer

(Address) 1745 S. Charles

Filed 10/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 12th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12th 1907 to Oct 12th 1907

that I last saw her alive on Oct 12th 1907,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

child was premature delivered lived but few minutes

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. J. O'Donnell M. D.

Oct 14th 1907 (Address) 1340 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	10/15 1907
UNDERTAKER	ADDRESS
J. J. Fahey	1732 Hillyard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5550

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5550

Registered No. B .....

City of Baltimore, (No. #806 Ensor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F Flemming

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: Sept (Month) 15 (Day) 1907 (Year)

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Flemming

BIRTHPLACE OF FATHER (State or country): Staunton Va.

MAIDEN NAME OF MOTHER: Susie Shutters

BIRTHPLACE OF MOTHER (State or country): Prince Anne Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Flemming

(Address) #806 Ensor St

Filed 10/14 1907

MARY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1907 to Oct 13th 1907

that I last saw her alive on Oct 10th 1907,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Diarrhea & Enteritis

2 weeks (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John D Buck M. D.

Oct 14 1907 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Laurel Cemetary | DATE OF BURIAL: Oct 14 1907

UNDERTAKER: R A Elliott | ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 5551 Registered No. BC 5551

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 313 Dawson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Cornish

{Residence, if in Baltimore, Give Street and Number.} 313 Dawson Alley.

Duration of Residence in Baltimore. 62 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: black

DATE OF BIRTH: March 23, 1836

AGE: 71 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Kent Co. Md.

FULL NAME OF FATHER: Alexander Cambrell

BIRTHPLACE OF FATHER (State or country): Kent Co., Md.

MAIDEN NAME OF MOTHER: Anna Rebecca Scott

BIRTHPLACE OF MOTHER (State or country): Kent Co., Md.

OCCUPATION OF DECEASED: Wash woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9, 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1907 to Oct 8 1907

that I last saw h[illegible] alive on Oct 8 1907.

and that death occurred, on the date stated above, at 5.[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) 1. DAYS

Con'tributory (Primary.) Chronic Interstitial Nephritis (DURATION) 1 yr.

(Signed) Arthur M. Burley M.D.

Address University Hospital

Date Oct 9 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Oct 12 1907

Undertaker Commissioner Health

Address Health Department

FOR STATISTICAL PURPOSES.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

582

Ward 4 C 5552 Registered No. B C 5552

157 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 ½ Low St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Colaggio

{ Residence, if in Baltimore, Give Street and Number. } 527½ Low

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 8 1907

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Rafaelo Colaggio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Raffo

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Raelph Colaggio

(Address) 527 ½ Low St

Filed 10/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Oct 14 1907

that I last saw h— alive on Oct 13 1907,

and that death occurred, on the date stated above, at 2 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Injured by fall from window

the day before death

(DURATION) 6 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J J Valentine M.D.

Address 161 Bromley

Date Oct 14 1907

Place of Burial Old Cathedral Cemetery

Date Oct 14 1907

Undertaker Mrs Andrew Rohde & Son

Address 730 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

C 5553

Registered No. B C 5553

CERTIFICATE OF DEATH.

(Place of Death.) No. 323 Tyson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Parker

{Residence, if in Baltimore, Give Street and Number.} 323 Tyson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Parker

(Address) 323 Tyson St

Filed 10/14 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Oct 12 1907

that I last saw h.r alive on Oct 12 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Disease of Heart

Coma (DURATION) DAYS

Contributory (Primary.) Anaemia

3 mos (DURATION) DAYS

(Signed) W Norment M.D.

Address 739 W Fayette St

Date Oct 12 1907

Place of Burial Mt. Auburn

Date Oct- 14 1907

Undertaker R A Elliott

Address 500 Hoffman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 5554 Registered No. B C 5554

CERTIFICATE OF DEATH.

11 2 V

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis L. Barranger.

{Residence, if in Baltimore, Give Street and Number.} 2018 E. Hoffman St.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Nov 15 1840

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis Townsley.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Barbara Hamm

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. A. Barranger.

(Address) 2018 E. Hoffman St.

Filed 10/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1907 to Oct 12 1907 that I last saw h-im alive on Oct 12 1907 and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary) Hepatic Cirrhosis

2 yrs (DURATION) DAYS

(Signed) Eugene L. Perrigo M.D.

Address St Joseph's Hosp Fall

Date Oct. 12 1907

Place of Burial St Mary's Emmanuel

Date Oct 16 1907

Undertaker C A Wiedefeld

Address 2113 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 5555 Registered No. B C 5555

CERTIFICATE OF DEATH.

109 V

(Place of Death.) No. 2305 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Carrington

{ Residence, if in Baltimore, Give Street and Number. } 2305 York Road

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH March 1907

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Walter Warrington

BIRTHPLACE OF FATHER (State or country) Milton Md

MAIDEN NAME OF MOTHER Amelia Mauer

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Warrington

(Address) 2305 York Road.

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Oct. 12 1907

that I last saw her alive on Oct 12 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Indigestion

(DURATION) 30 DAYS

Con'tributory (Primary) Congenital Debility (DURATION) DAYS

(Signed) Reginald J. Tovey M.D.

Address 2206 York Road

Date October 14th 1907

Place of Burial London Park

Date Oct 14 1907

Undertaker C. A. Friedfeldt

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

C 5556 Registered No. B C 5556

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 751 W. Saratoga St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis A Howser

{Residence, if in Baltimore, Give Street and Number.} 751 W Saratoga St

Duration of Residence in Baltimore. all his life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: November 15 1847

AGE: 59 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Lewis A. Howser.

BIRTHPLACE OF FATHER (State or country): Baltimore City.

MAIDEN NAME OF MOTHER: Mary A. Burdick.

BIRTHPLACE OF MOTHER (State or country): Washington D.C.

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Julia A. Howser,

(Address) 751 W. Saratoga St.

Filed 10/14/07

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1907 to 13th 1907

that I last saw h— alive on Oct. 13 1907

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Con'ributory (Primary.) Nephritis (DURATION) 7 DAYS

(DURATION) DAYS

(Signed) Stephen Davis M.D.

Address 301 N Fremont St.

Date Oct. 13th 1907

Place of Burial Loudon Park.

Date October 15 1907.

Undertaker Geo. W. Little.

Address 531 N-Fremont ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5557 Registered No. B ..... C 5557

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Holmes.

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1907 to Oct 13 1907 that I last saw h-er alive on Oct. 13 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Oct. 13 1907

Place of Burial Sacred Heart

Date Oct. 14 1907

Undertaker Evans & Spence

Address 118 170 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1084 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5558

Registered No. B.....

City of Baltimore, (No. 225 S High St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Gerber

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Unknown. (Month) (Day) 1841 (Year)

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Gerber

(Address) 225 S. High.

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 13 1907 to October 14 1907

that I last saw him alive on October 13 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(Anasarca)

(DURATION) DAYS

Contributory Anasarca 5

Cardiac Syncope (DURATION) 1 DAYS

(Signed) Alfred Whitehead M. D.

Oct 14 1907 (Address) The Allegany Hotel

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rosedale Cemetery

DATE OF BURIAL: Oct 15 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5559

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

179 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5559

City of Baltimore, (No. 398 East 31st St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis N. Ely.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: May 22 1907 (Month) (Day) (Year)

AGE: ..... years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Thaddeus Blair Ely.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Excelia Frazier

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thaddeus Ely.

(Address) 398 Waverly Ave. Balto

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 13th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1907 to Oct 13 1907

that I last saw h— alive on Oct. 13 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Marasmus

one month (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. J. Stuckhardt Jr. M. D.

Oct 14 1907 (Address) 811 Forrest ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Oct 15 1907

UNDERTAKER: C. A. Weidefeld & Sons ADDRESS: 2178 Greenmount Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 V

CERTIFICATE OF DEATH.

Registered No. B C 5560

Registered No. D .....

City of Baltimore, (No. 1105 Mason Alley St.; 11th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Askins.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 64 years, ... months, ... days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Askins.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Askins Jr.

(Address) 1105 Mason Alley.

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1907 to Oct. 12 1907

that I last saw him alive on Oct. 10 1907,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

About 6 months (DURATION) DAYS

Contributory Oedema of lungs

A couple of hours (DURATION) DAYS

(Signed) E. L. Whitney M. D.

Oct. 12 1907 (Address) 1103 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 15th 1907

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5561

City of Baltimore, (No. 1304, Barclay St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Nash.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colord

DATE OF BIRTH: November 3 1 (Month) (Day) Year)

AGE: 23 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Richard Nash

BIRTHPLACE OF FATHER (State or country): Cumberland Co Va.

MAIDEN NAME OF MOTHER: Sarah E Johnson

BIRTHPLACE OF MOTHER (State or country): Cumberland Co Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Nash

(Address) 1304 Barckley St

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 13 06 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 13 1907 that I last saw h in alive on Oct 13 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lung

2 years, (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) H. J. Stiles Jr. M. D.

Oct. 14 1907 (Address) 811 Gough ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 17th 1907

UNDERTAKER: Felix B Pye — ADDRESS: 926 E Fulton St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 5562 Registered No. B C 5562

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Brown

{Residence, if in Baltimore, Give Street and Number.} 715 Ensor

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX m | COLOR B

DATE OF BIRTH 1

AGE 87 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md. B

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) St Mary Co Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md

OCCUPATION OF DECEASED Coachman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Bell.

(Address) 715 Ensor St

Filed 10/14 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from ....1907 to 1907

that I last saw h.... alive on ....1907.

and that death occurred, on the date stated above, at 11.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos S Lamm M.D.

Address Coroners

Date Oct 14 1907

Place of Burial Holy Cross Cemetery

Date October 15th 1907

Undertaker Felix B Pye

Address 102 E Wilberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

C 5563 Registered No. B C 5563

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 711 Millian St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M. Libby

{Residence, if in Baltimore, Give Street and Number.} 711 Millian St.

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 5 1859

AGE: 48 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Missouri

FULL NAME OF FATHER: Leavitt Libby

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Elizabeth Hires

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Libby(Wife)

(Address) 711 Millian St.

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Oct 13th 1907

that I last saw him alive on Oct 13th 1907

and that death occurred, on the date stated above, at 10 Pm. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

2 Weeks (DURATION) DAYS

Contributory (Primary) Bright's disease (DURATION) DAYS

(Signed) J J O'Donnell M.D.

Address 1340 Charles

Date Oct 14th 07 1907

Place of Burial Loudon Park Cemetery

Date October 15 1907 1907

Undertaker Armstrong Denny Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 5564 — Registered No. B C 5564

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1131 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Eaton

{Residence, if in Baltimore, Give Street and Number.} 1131 Riverside Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 9 1850

AGE: 52 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Schillinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lena Fiedler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. H. S. Schillinger (Brother)

(Address) 1131 Riverside Ave

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Oct 13 1907

that I last saw her alive on Oct 13 1907, 6.15 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

2 mos (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) W. L. Smith M.D.

Address 528 Hanover St

Date Oct 14 1907

Place of Burial LOUDON PARK

Date OCT 16 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

C 5565

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

179

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5565

City of Baltimore, (No. 3017, Elliot St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Stevens

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: 8 (Month) 3 (Day) 1906 (Year)

AGE: 1 years, 2 months, 10 days

SINGLE, ~~MARRIED~~ WI~~DOWED, OR DI~~VORCED

BIRTHPLACE (State or country): Canton,

FULL NAME OF FATHER: George B. Stevens,

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maggie Kodiech

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Stevens

(Address) 3013 Elliott St.

Filed 10/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1907 to Oct 12 1907

that I last saw her alive on Oct 11 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 21 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) R. A. Urquhart M. D.

190 (Address) 1. N. Dispensary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. — DATE OF BURIAL: Oct. 15 1907

UNDERTAKER: H. Saunders Son — ADDRESS: 1310 Caroline

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 67 C 5566 C 5566 Registered No. B

CERTIFICATE OF DEATH.

74V

(Place of Death.) No. Church Home and Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maud Lyc

{Residence, if in Baltimore, Give Street and Number.} N Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 15 1878

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): W. Virginia

FULL NAME OF FATHER: Geo. Franklin Rogers

BIRTHPLACE OF FATHER (State or country): W. Virginia

MAIDEN NAME OF MOTHER: Margaret A. Brake

BIRTHPLACE OF MOTHER (State or country): W. Virginia

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Rogers.

(Address) W. Virginia.

Filed 10/14 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to Oct 14 1907

that I last saw her alive on Oct 14 1907,

and that death occurred, on the date stated above, at 1 ½ P.M. CAUSE OF DEATH (Secondary or Immediate)

Surgical Operation

for Cerebral Tumor

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Harvey Cushing M.D.

Address 8 West Franklin St

Date 190

Place of Burial Harrison Co. W. Virginia Lost Creek Cemetery

Date Oct 16 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 5567 Registered No. B C 5567

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2945 St. Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine C. Johnson

{Residence, if in Baltimore, Give Street and Number.} 2945 St. Paul St.

Duration of Residence in Baltimore... Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 7, 1836
AGE	71 years, 4 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto, Md.
FULL NAME OF FATHER	Michael White
BIRTHPLACE OF FATHER (State or country)	U. S. A.
MAIDEN NAME OF MOTHER	Mary C. Kelly
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. W. Brooks

(Address) 2945 St. Paul St.

Filed 10/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1907 to Oct 13th 1907 that I last saw h alive on Oct 13th 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage with Hemiplegia

(DURATION) 10 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Brooks M.D.

Address 1127 W. Caroline St.

Date Oct. 14, 1907

Place of Burial Cathedral Cemetery

Date Oct. 15, 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C 5568

Registered No. B C 5568

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Fremont Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Jos. Beegan

{Residence, if in Baltimore, Give Street and Number.} 1534 Fremont Ave.

Duration of Residence in Baltimore. 2 mos -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 4th 1907

AGE — years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto -

FULL NAME OF FATHER Wm Jos. Beegan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER McCleary

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 1534 Fremont Ave

(Address) Jos Beegan

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 13 1907

that I last saw him alive on Oct 13 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Heart failure

(DURATION) 7 DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 7 DAYS

(Signed) M. E. Gilmore M.D.

Address 802 S. Fremont Ave.

Date Oct 14 1907

Place of Burial London Park

Date October 15 1907

Undertaker Wm Cook

Address 5026 Northern

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

C 5569

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1121

CERTIFICATE OF DEATH.

Registered No. B C 5569

City of Baltimore, (No. 1219 E. Madison St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary ~~Ann~~ M. Feige

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Nov. 19 1867
(Month) (Day) Year)

AGE 39 years, 10 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James J. McGraw

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Connolly.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Katie McGraw

(Address) 1219 E. Madison St.

Filed 10/15 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 14 1907 that I last saw h~~er~~ alive on Oct 14 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Hepatic Cirhosis

(DURATION) DAYS

Contributory Haemodemesis

(DURATION) DAYS

(Signed) A. L. Levy M. D.

Oct 14 1907 (Address) 733 Aug

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	10/17 1907
UNDERTAKER	ADDRESS
Evans & Spence	1820 W. Balt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 5570 Registered No. B C 5570

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 N. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rossie M. Tibbs

{Residence, if in Baltimore, Give Street and Number.} 519 N. Pine St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Stephn. R. Neal

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hanah Neal

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband. Charles Tibbs

(Address) 519 Pine St

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3d 1907 to Oct 11st 1907 that I last saw her alive on Oct 10th 1907, and that death occurred, on the date stated above, at 8 45 P.M. CAUSE OF DEATH (Secondary or Immediate) Abscess of lungs following a Spell of sickness which I believe to have been Typhoid Fever. For which (DURATION) DAYS She had no treatment

Contributory (Primary.)

I found her with no fever (DURATION) DAYS but as a emaciated and extremely weak Condition

(Signed) Dr Baine Samuels M.D.

Address 619 N Bridge

Date Oct 12th 1907 190

Place of Burial New Cathedral

Date October 15 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. B 5571

City of Baltimore, (No. 219 Carroll Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arabella Wormley.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 21 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Howard Co

FULL NAME OF FATHER: Abraham Wormley

BIRTHPLACE OF FATHER (State or country): Howard Co

MAIDEN NAME OF MOTHER: Lizzie Wormley

BIRTHPLACE OF MOTHER (State or country): Howard Co

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Wormley

(Address) 219 Carroll Ave City

Filed 10/15 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Oct 14 1907

that I last saw h[illegible] alive on Oct. 7 1907,

and that death occurred, on the date stated above, at 11.60 A. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis.
about 3 months (DURATION)

Contributory [illegible]
(DURATION) 3 DAYS

(Signed) H. Holland Roach M. D.

Oct 14 1907 (Address) 846 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 15 1907

UNDERTAKER: E A St Gelliat — ADDRESS: 506 Roger

Ward 15 C 5572 Registered No. B C 5572

12

CERTIFICATE OF DEATH.

(Place of Death.) No. 2422 1/2 Penna ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert N Disney

{Residence, if in Baltimore, Give Street and Number.} 2422 1/2 Penna ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 3rd 1874

AGE: 33 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Nelson K Disney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Georgeanna Stephens

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Superintendant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice L Disney

(Address) 2422 1/2 Penna ave

Filed 10/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Oct 14 1907

that I last saw him alive on Oct 13 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

Primary Cause

Secondary (DURATION) 52 DAYS

~~Contributory (Primary)~~ Exhaustion (DURATION) 1 DAYS

(Signed) Thomas J Talbot M.D.

Address 1701 E Eutaw

Date Oct 14 1907

Place of Burial Pleasant Hill Balto Co

Date Oct 16th 1907

Undertaker C & F Phillbin

Address 1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5573

Registered No. B .....

City of Baltimore, (No. 2120 E. Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William W. Chenoweth

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1849
AGE	About 58 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Richard B. Chenoweth
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Amelia Beddinger
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Chenoweth

(Address) 2120 E. Pratt St.

Filed 10/15 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1907 to Oct. 12 1907

that I last saw h-- alive on Oct. 12 1907,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Complication:
Heart, Liver, Kidneys and arteries. Acute suphis: Abscess in abdomen Probably appendix (DURATION) 7 DAYS

Contributory Septicemia
heart failure (DURATION) 3 DAYS

(Signed) Howard C. Silver M. D.

Oct. 14 1907 (Address) 1914 Bolton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Oct 15 1907
UNDERTAKER	**ADDRESS**
Wm J Dickenson	Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Ward 22

Registered No. B C 5574

C 5574

CERTIFICATE OF DEATH.

K 154

(Place of Death:) No. 129 E Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. D. Warren

{ Residence, if in Baltimore. Give Street and Number. } 129 E Hughes

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — — 1834

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Martin Warren

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Iron worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lizzie Ryan

(Address) 129 E Hughes ave

Filed 10/15 1907 — Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Oct 13 1907 that I last saw h[illegible] alive on Oct 10 1907 and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate.)

General debility

Old Age

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A Reinhardt M.D.

Address 1228 E Chase

Date Oct 14 1907

Place of Burial Holy Cross Cemetery

Date Oct 15 1907

Undertaker F. A. Kramer & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 5575 Registered No. B C 5575

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 2225 Eastern Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Lockman,

{ Residence, if in Baltimore, Give Street and Number. } 2225 Eastern Ave

Duration of Residence in Baltimore. 54 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 25 1819

AGE: 88 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Diefel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Schroeder

(Address) 2225 Eastern Ave,

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 13 1907

that I last saw h~~e~~r alive on Oct 13 1907

and that death occurred, on the date stated above, at 4 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atheroma - Sclerosis - Senile Decay - Asthenia.

(DURATION) Indefinite DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Geo L. Watters M.D.

Address 6 N. Bond

Date Oct. 14 1907

Place of Burial Western Cemetery

Date October 15 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 5576 — Registered No. B C 5576 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1224 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fagi Leandy Cohen

{ Residence, if in Baltimore, Give Street and Number. } 1224 E. Baltimore St

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Sixty one years ago

AGE 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Henry Coopi

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Coopi

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sara Cohen

(Address) 1224 E. Balto. St

Filed 10/15 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Oct 15 1907

that I last saw her alive on Oct 14 1907

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Brain Paralysis

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto St

Date Oct 15. 1907

Place of Burial Hebrew Cemetery The Road

Date Oct 15 th 1907

Undertaker Max Levinson

Address 1620 Mucelday St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 5577 Registered No. B C 5577

CERTIFICATE OF DEATH.

11 V

(Place of Death.) No 2404 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob F. Hagert

{ Residence, if in Baltimore, Give Street and Number. } 2404 E Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 13 1857

AGE: 49 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob F. Hagert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Trautwein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hagert

(Address) 2404 E. Monument St

Filed 10/15 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 14 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to Oct 14 1907

that I last saw h.. alive on 11 13 1907,

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

6 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hann M.D.

Address 156 Hamilton Ave

Date Oct 14 1907

Place of Burial MT. CARMEL CEMETERY.

Date OCT 17 1907 190

Undertaker Christian Miller.

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 5578 Registered No. B C 5578

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Hoffmanberger's Ct St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Burton Hawkins

{Residence, if in Baltimore, Give Street and Number.} 1112 Hoffmanberger's Ct

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: ....1....

AGE: ....years, ...months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: John Hawkins

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Emma Hawkins

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Hawkins

(Address) 1112 Hoffmanberger Ct

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to ....190....

that I last saw him alive on Oct 11 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Status Epilepticus

(DURATION) 3 DAYS

Contributory (Primary) Respiratory Paralysis

(DURATION) ....DAYS

(Signed) E. L. Ellis M.D.

Address G 15 Lighter

Date Oct 13 1907

Place of Burial Mt Auburn

Date Oct 15 1907

Undertaker E. L. Brown & Son

Address 1387 Montgomery St

WM. J. C. DULANY CO., Baltimore

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 15 C 5579 Registered No. B C 5579

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1391 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Kelly

{ Residence, if in Baltimore, Give Street and Number. } 1381 N. Gilmor St

Duration of Residence in Baltimore. Sixty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: June 24th 1833

AGE: 74 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Jas. D. Cunningham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Leahy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Hannah Kelly

(Address) 1381 N. Gilmor St.

Filed 10/15 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Wm Buchanan M.D.

Address 700 Eag. ave. (Canton)

Date October 14th 1907

Place of Burial Cathedral

Date Oct 16 1907

Undertaker H. C. Winkfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 5580 — Registered No. B C 5580

667

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 E Preston St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Medicus Millson

{Residence, if in Baltimore, Give Street and Number.} 221 E Preston St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 9th 1853

AGE: 54 years, 1 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Harrisburg Pa

FULL NAME OF FATHER: John Wood Millson

BIRTHPLACE OF FATHER (State or country): not Known

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): " do

OCCUPATION OF DECEASED: Lumber Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Stein

(Address) 229 East Lafayette Ave

Filed 10/15 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to Oct 13 1907

that I last saw him alive on Oct 13 1907

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Pulmonary oedema

(DURATION) 2 DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) 2 DAYS

(Signed) A G Beck M.D.

Address 214 E Preston St

Date October 13 1907

Place of Burial Green Mt Cemetery

Date October 15th 1907

Undertaker Stewart-Mowen Co

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5581

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90 V

CERTIFICATE OF DEATH.

Registered No. B C 5581

City of Baltimore, (No. Aisquith 429 St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hazel Geyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. (Month) 11 (Day) 1907 (Year)

AGE: ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Geyer

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Philips

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson M.D.

(Address) 1103 N. Edenwood

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1907 to Oct. 11 1907 that I last saw her alive on 11 10 1907 and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 6 DAYS

Contributory Severe Cold

(DURATION) 10 DAYS

(Signed) E. L. Peterson M. D.

Oct 11 1907 (Address) 1103 N. Edenwood

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
COLLEGE OF P. & S	OCT 14 1907
UNDERTAKER	ADDRESS
Commissioner Booth.	Guilford Ave

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

23

Ward 4 C 5582 Registered No. B C 5582

179 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 E. Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lavi Howard Caulk

{ Residence, if in Baltimore, Give Street and Number. } 1414 E. Lanvale st.

Duration of Residence in Baltimore. 14-15 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 18 1906

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Bucks md

FULL NAME OF FATHER D Howard Caulk

BIRTHPLACE OF FATHER (State or country) Baltimore md

MAIDEN NAME OF MOTHER Laura A Utermohle

BIRTHPLACE OF MOTHER (State or country) Bucks md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Howard Caulk.

(Address) 1414 E Lanvale.

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15. 1907

I HEREBY CERTIFY, That I attended deceased from July 27. 1907 to October 15. 1907 that I last saw h[illegible] alive on " 13 1907, and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Teething (DURATION) 10 weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. A. Mathieu M.D.

Address 1121 N Caroline St.

Date Balto. Oct. 15. 1907

Place of Burial Linden Park

Date Oct 17 1907

Undertaker E J Fanning

Address 1938 E Lafayette ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

C 5583 Registered No. B C 5583

103

CERTIFICATE OF DEATH.

(Place of Death.) No. 1442 Marshall Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name W. A. Morrison

{Residence, if in Baltimore, Give Street and Number.} 1442 Marshall Av

Duration of Residence in Baltimore. Fulton

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	35 years, 1 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	James Morrison
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah J Lasseter
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Morrison

(Address) 1442 Marshall Av

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 12 1907

that I last saw h[illegible] alive on Oct 12 1907

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cy Ransburn

Acute Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Gastric Colic

with Intestinal

(DURATION) DAYS

(Signed) H. Re Dunn M.D.

Address 1228 Linden Av

Date Oct 14 1907

Place of Burial Greenmount

Date October 15 1907

Undertaker John E Evans & Son

Address 1428 N Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 5584 Registered No. B C 5584

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2008 Pleasant Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Baxter

{Residence, if in Baltimore, Give Street and Number.} Life time 2008 Pleasant Alley

Duration of Residence in Baltimore Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 10th 1907

AGE 65 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Clifford

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Oda Tak[illegible]g

(Address) 2008 Pleasant Alley

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1907 to Oct 12, 1907 that I last saw h[illegible] alive on Oct 12, 1907, and that death occurred, on the date stated above, at 11.30 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) W. J. Gatley M.D.

Address 411 Broadway

Date Balto. City. Oct 14 1907

Place of Burial Baltimore Co.

Date Oct 16 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltic Sts. and 1703 E. Fayette Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5585 Registered No. B C 5585

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas C. Ampteda

{Residence, if in Baltimore, Give Street and Number.} 3000 Dillon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 15 1886

AGE 21 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert Ampteda

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Stecher

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Ampteda

(Address) 3000 Dillon St

Filed 10/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 12 1907

that I last saw him alive on — 190—

and that death occurred, on the date stated above, at 3.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Shock from burns both legs & gas burns accidentally on switch

(DURATION) DAYS

Contributory (Primary.) R.R. Accident

(DURATION) DAYS

(Signed) Benj. S. Hanby M.D.

Address 1316 Lt. Caroline St.

Date Oct. 14. 1907

Place of Burial Mt. Olivet Cem

Date Oct. 15 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Belto Sts. and 1703-1710 Chester Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 6 C 5586 Registered No. B C 5586

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1907 Hoon St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Child of Mamie Diggs

{Residence, if in Baltimore, Give Street and Number.} 1907 Hoon St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Leonard Parrott

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mamie Diggs

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Born

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mamie Diggs

(Address) 1907 Hoon St

Filed 10/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11½

M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(5 mo)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroner

Date Oct 14 1907 190

Place of Burial Laurel Cemetery

Date Oct-12 190 7

Undertaker R A Elliott

Address 5-06 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 5587 Registered No. B C 5587

CERTIFICATE OF DEATH.

(Place of Death.) No. 1433 Eastern av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Klein

{Residence, if in Baltimore, Give Street and Number.} 1433 Eastern av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Feb 15 1907

AGE: 8 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Morris Klein

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Ida Flay

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Klein

(Address) 1433 Eastern ave

Filed 10/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to Oct 11 1907

that I last saw h alive on Oct 11 1907

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

acute Bronchitis

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Wheelan M.D.

Address 1 S Broadway

Date Oct 11 1907

Place of Burial Rose dale Hebrew Cem.

Date Oct 15 1907

Undertaker May Perinson

Address 1620 mc Elderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

Ward 17 C 5588 Registered No. B C 5588

CERTIFICATE OF DEATH.

15 1/4

(Place of Death.) No. 2012 Hunterís Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Simon Burrell

{Residence, if in Baltimore, Give Street and Number.} 2012 Hunter al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Sept 1 1907

AGE ..... years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Cary Burrell

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 10/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 9 1907 to Oct 13 1907

that I last saw h[illegible] alive on Oct 13 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate) Asthenia Heart Failure

Marasmus

Den. to Artificial Feeding

Jaundice Since Birth (DURATION) Life DAYS

Contributory (Primary) Marasmus

Since Birth (DURATION) DAYS

(Signed) Dougl[illegible] Bayley M.D.

Address Guilford Ave & 22

Date Oct 14 1907

Place of Burial Laurel Cemetery

Date Oct 16 1907

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 5589 — Registered No. B C 5589

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1907 Fulton Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Hall

{Residence, if in Baltimore, Give Street and Number.} 1807 Fulton Terrace

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Jan 1 1899

AGE: 2 years, months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Hall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: May Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Hall

(Address) 1807 Fulton Terrace

Filed 10/15 1907 DARBY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 14th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Allan Baconnis M.D.

Address 700 Log. Av. (Canton)

Date Oct. 15th 1907

Place of Burial Mt Olivet

Date Oct 17 190

Undertaker R L Parham

Address 1213 Pauch st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 5590 — Registered No. B C 5590 — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1719 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Wagner

{Residence, if in Baltimore, Give Street and Number.} 1719 E. Lombard St.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 1 1828

AGE 78 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Katherine Stopfer

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Gentleman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. P. Wagner

(Address) 1719 E Lombard St

Filed 10/15/1907 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1907 to Oct 12 1907 that I last saw him alive on Oct 12 1907 and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) Senility - Exhaustion

(DURATION) 10 DAYS

(Signed) Peter E. Dancel M.D.

Address 121 Jackson Square

Date Oct. 15 1907

Place of Burial Most Holy Redeemer

Date Oct 17 1907

Undertaker Robt E Lemmon

Address 1111 N. Broadway

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, BALTIMORE

Ward 17 — C 5591 — Registered No. B C 5591

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 N. Bradee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Johnson

{Residence, if in Baltimore, Give Street and Number.} 422 N. Bradee St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Col

DATE OF BIRTH: Dont Know

AGE: 55 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Johnson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burke

(Address) 1107 Dolphin Ave

Filed 10/15 1907 — Registrar

J. A. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Oct 13th 1907

that I last saw him alive on Oct 12 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 120 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. Grant Scott M.D.

Address 354 N. Bradee St

Date Oct 14th, 1907

Place of Burial Mt. Auburn Cemetery

Date Oct 16th 1907

Undertaker J. A. Burke

Address 1107 Dolphin Ave

Filed

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 5592 Registered No. B C 5592

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1718 East Lombard st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Gerhard Heinrich Hagedorn

{Residence, if in Baltimore, Give Street and Number.} 1718 East Lombard st.

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 25th 1847

AGE 60 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Country Germany

FULL NAME OF FATHER John Christian Hagedorn

BIRTHPLACE OF FATHER (State or country) Country Germany

MAIDEN NAME OF MOTHER Caroline Wendorff

BIRTHPLACE OF MOTHER (State or country) Country Germany

OCCUPATION OF DECEASED Saloon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Hagedorn.

(Address) 401 S. Clinton St.

Filed 10/15 1907 JOHN J. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1907 to Oct 15th 1907

that I last saw him alive on Oct 14th 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 9 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw M Singewald M.D.

Address S. N. Washington st.

Date Oct 15 1907

Place of Burial Mount Carmel Cem.

Date October 18 1907

Undertaker Louis Flemming

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

C 5593

1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5593

Registered No. B .....

City of Baltimore, (No. 1718 Ashland Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernhard Finn

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Nov. (Month) 15th (Day) 1906 (Year)

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas J. Finn

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Katherine Norton.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Finn

(Address) 1718 Ashland Ave.

Filed 10/15 1907 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 22. 1907 to October 14 1907 that I last saw him alive on Oct 13. 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Uraemia - colitis

(DURATION) 110 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Samuel Theobald M. D.

October 15 1907 (Address) 1 West Mount Royal Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Patricks Cem.	Oct. 15th 1907
UNDERTAKER	ADDRESS
Germanus Strauss	Baulet & Webster

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 41 — C 5594 — Registered No. B C 5594

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Savini (Savin)

{ Residence, if in Baltimore, Give Street and Number. } Centreville Md

Duration of Residence in Baltimore. 5 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Burriss

(Address) Centreville Md

Filed 10/16 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 15 1907 that I last saw h[illegible] alive on Oct 15 1907 and that death occurred, on the date stated above, at 2.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis ?
Peritonitis

(DURATION) DAYS

Contributory (Primary.) Exhaustion
& Sepsis (DURATION) DAYS

(Signed) H H Baker M.D.

Address Balto City Hospital

Date Oct 15 — 1907

Place of Burial Centreville Md

Date Oct 16 — 1907

Undertaker M. Doyle & Son

Address 411 #17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5595

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5595

Registered No. B

City of Baltimore, (No. 1379 N. Woodyear St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice V. Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1853 (Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Bell

(Address) 1379. N. Woodyear St.

Filed 10/15 " 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 13 1907 to October 14 1907

that I last saw her alive on Oct 14 1907

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) 6 DAYS

Contributory Uraemia

(DURATION) one DAY

(Signed) William J. Sullivan M. D.

Oct 15 1907 (Address) 1701 N. Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	10-17 1907
UNDERTAKER	**ADDRESS**
Wm. M. Gawthrop	North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 5596 Registered No. B C 5596

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 511 N. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H. Davis

{Residence, if in Baltimore, Give Street and Number.} 511 N. Mulberry St

Duration of Residence in Baltimore. 70 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 17 1814

AGE: 93 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Davis

BIRTHPLACE OF FATHER (State or country): Bristol, England

MAIDEN NAME OF MOTHER: Mary Whitelock

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H Davis

(Address) 511 N. Mulberry St

Filed 10/15 1907

HARRY C. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14th 1907

I HEREBY CERTIFY, That I attended deceased from 1st Jany 1907 190 to Oct 14th 190 7 that I last saw h-im alive on Oct 14 190 7, and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Infirmity of Old age.

Confined to bed (DURATION) 1 week DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. P. Morgan M.D.

Address 315 W. Monument St

Date Oct 15th 1907

Place of Burial Greenmount Cemetery

Date October 16th 1907

Undertaker Hy W. Jenkins & Sons Co

Address 608 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5597

Ward 20

Registered No. B 92

C 5597

CERTIFICATE OF DEATH.

(Place of Death.) No. 2114 Eagle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Frieman

{Residence, if in Baltimore, Give Street and Number.} 2114 Eagle St.

Duration of Residence in Baltimore. 17½ days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 28 1907

AGE ~~1~~ years, months, 17½ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Louis Frieman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. B. Bordensky, M.D.

(Address) 507 S. Pulaski St.

Filed 10/16 1907

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Sept 28~~ Oct. 15, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to Oct. 15 1907 that I last saw h~~er~~ alive on Oct. 15 1907, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Bronchitis~~

Bronchopneumonia

(DURATION) 3 DAYS

Con'tributory (Primary) Bronchitis

(DURATION) 8 DAYS

(Signed) N. B. Bordensky M.D.

Address 507 S. Pulaski St

Date Oct. 16 1907

Place of Burial Hebrew Cem. Washington Road

Date Oct-16th. 190?

Undertaker L. H. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 5598 — Registered No. B C 5598

CERTIFICATE OF DEATH.

(Place of Death.) No. 2733 Prospect St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine ~~Virginia~~ Cordelia Hamilton

{Residence, if in Baltimore, Give Street and Number.} 2733 Prospect St

Duration of Residence in Baltimore. Three years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 28 1826

AGE: 84 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Sebide Parker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susanna Red

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A W Hamilton

(Address) 2733 Prospect St

Filed 10/16 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Oct 14 1907 that I last saw h[er] alive on Oct 13 1907, and that death occurred, on the date stated above, at 12.20 Am. CAUSE OF DEATH (Secondary or Immediate.)

Arteriosclerosis

(DURATION) 1 DAY

Contributory (Primary.) Dysentery and Old age (DURATION) 60 DAYS

(Signed) W. J. Kaelin M.D.

Address 852 N. North Ave.

Date Oct 14 1907

Place of Burial Ridge Cemetery

Date Oct 16 1907

Undertaker Jos. B. Cook

Address 1003 W. Balt. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

I. GENERAL

(A.) Epidem

1. Typhoid fever
2. Exanthematic typh
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic di

(B.) Other ge

20. Septicemia
21. Glanders and farcy
22. Malignant pustule
23. Rabies
24. Actinomycosis, tri
25. Pellagra
27. Tuberculosis of lu
26. Tuberculosis of la
28. Tuberculous meni
29. Abdominal tuberc
30. Pott's disease
31. Tuberculous absce
32. White swelling
33. Tuberculosis of ot
34. General tubercul
35. Scrofula
36. Syphilis
37. Gonorrhea of the
38. Gonorrheal infect
39. Cancer of mouth
40. Cancer of stomach
41. Cancer of intestin
42. Cancer of genital
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or
46. Tumor (noncance
47. Acute articular rh
48. Chronic rheumati
49. Scurvy
50. Diabetes
51. Exophthalmic goi
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional
59. Other chronic poi
55. Other general dise

II. DISEASES OF SYS

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea

Baltimore Md Dec 14. 07

I certify, that, by misinformation I was told, when making out the death certificate of Catherine C Hamilton that the middle name was Virginia. The true name is Catherine C. Hamilton, and should be so recorded among the death certificates of the city of Baltimore

Date of death Oct 14 1907 W. J. Kasten M. D.

852 W. North Ave.

Subscribed and Sworn to -

January 24th 1908

Corinne Conway N. P.

131. Ovarian tumors
132. { Diseases of tubes / Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

179. { Debility (over 3 months) / Marasmus (over 3 months) / Fever / Other ill-defined diseases / Unknown

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C 5599 Registered No. B C 5599

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Libbie Leyon

{Residence, if in Baltimore, Give Street and Number.} 859 Hollins st.

Duration of Residence in Baltimore. 6 Mo

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W

DATE OF BIRTH 1

AGE 53 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Ceplan Ardana

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Libbie Ardana

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Ardana

(Address) 859 Hollins st

Filed 10/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Oct 15 1907 that I last saw h[illegible] alive on Oct 15 1907, and that death occurred, on the date stated above, at 12 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Peritonitis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Virginius Woods, Jr. M.D.

Address Union Prot. Infy.

Date Oct. 15, 1907

Place of Burial Helena Washington Cem

Date Oct 16, 1907

Undertaker Max Levinson

Address 1620 mc Elderry

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 5600 — Registered No. B C 5600

CERTIFICATE OF DEATH.

274

(Place of Death.) No. 1535 Ludlow St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thos H Wheeler

{Residence, if in Baltimore, Give Street and Number.} 1535 Ludlow

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 14th 1873

AGE: 33 years, 9 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Wheeler

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret Merriner

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Grocer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wheeler

Address 1535 Ludlow St.

Filed 10/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Oct 13 1907

that I last saw him alive on Oct 13 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Lee Brooks M.D.

Address 1228 E. Lanvale

Date Oct 16 1907

Place of Burial Mount Olivet

Date October 16th 1907

Undertaker Jos. Hamtebrink

Address 313 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 — 65601 — Registered No. B 65601

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1415 Patapsco St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Angler (ANGLER)

{Residence, if in Baltimore, Give Street and Number.} 1415 Patapsco St

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Sept 10 1841

AGE: 66 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany -

FULL NAME OF FATHER: unknown -

BIRTHPLACE OF FATHER (State or country): Germany -

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany -

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Stalter

(Address) 1415 Patapsco

Filed 10/16 1907

WM. J. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 14 1907 that I last saw her alive on Oct 14 1907, and that death occurred, on the date stated above, at 4:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage (Paralysis)

(DURATION) 2 DAYS

Contributory (Primary.) Senile Degeneration (DURATION) 1 DAYS

(Signed) O. P. Stearns M.D.

Address 1606 Light St.

Date 1606 Light St. 1907

Place of Burial Western

Date October 16th 1907

Undertaker Jos. Stuntebeck

Address 1818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 5602

Ward 3 C ~~5601~~ Registered No. B C ~~5581~~

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. 119 S. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry B. Twist

{ Residence, if in Baltimore, Give Street and Number. } 119 S. Central Ave

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 26 1842

AGE 64 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) State of New York.

FULL NAME OF FATHER Steven Twist

BIRTHPLACE OF FATHER (State or country) Fort Independent, Boston Harbor.

MAIDEN NAME OF MOTHER Elisa Mace.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Twist

(Address) 119 S. Central Ave.

Filed 10/16 1907

C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 14 1907

that I last saw h— alive on Oct 14 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Hem Cerebral

Cystis (DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 W Baltimore

Date Oct 15 1907

Place of Burial National Cemetery

Date Oct 16th 1907

Undertaker Jno. Ins Son & Tevis

Address 801 W. Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 5603

C 5603

Ward 19 Registered No. B 109

CERTIFICATE OF DEATH.

(Place of Death.) No. 1845 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev Geo. W. Rush

{Residence, if in Baltimore, Give Street and Number.} 1840 McHenry St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 26 1841

AGE: 46 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Elliott City Md

FULL NAME OF FATHER: Peter Rush.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ellen Rigby.

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Rush.

(Address) 1845 McHenry St.

Filed 10/16 1907

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1907 to Oct 15 1907

that I last saw him alive on Oct 15 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia Rectal Abscess

followed by Gunral

Sepsis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Smith M.D.

Address 1628 N Lexington

Date Oct 16th 1907

Place of Burial Oella Cemetery Balto Co Md

Date Oct 18 1907

Undertaker W. M. Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 5604

Registered No. B C 5604

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 4216 West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia M. Snyder

{Residence, if in Baltimore, Give Street and Number.} 4216 West at

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 15th 1873

AGE 36 years, 5 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Lang

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Julia Haupt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Lang

(Address) 1422 Riverside Ave

Filed 10/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 15 1907 that I last saw h~~er~~ alive on Oct 14 1907, and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 2 DAYS

(Signed) E. L. Ellis M.D.

Address 615 Light St

Date Oct 15 1907

Place of Burial Holy Cross R.C. Co

Date Oct 18 1907

Undertaker Jos. Stumtebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 5605 — Registered No. B C 5605

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1739 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Reile

{Residence, if in Baltimore, Give Street and Number.} 1739 William st

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1823

AGE 84 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Reile

(Address) 1739 William st

Filed 10/16 1907 HARRY C. ANDRESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from 2 wks ago 190 to Oct 15 190 7

that I last saw her alive on Oct 13 190 7

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 2 DAYS

(Signed) E. L. Ellis M.D.

Address 915 Light st

Date Oct 15 1907

Place of Burial Holy Cross R.R. Co.

Date Oct 18 + 1907

Undertaker Jos. Stumbrick

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 24 X. C 5606 Registered No. B C 5606

179 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Mattes

{Residence, if in Baltimore, Give Street and Number.} 822 Hanover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Oct 7 05 1

AGE 2 years, — months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John Mattes Jr.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Katherine Frechstech

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mattes Jr. (father)

(Address)

Filed 10/16 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Oct 15 1907

that I last saw h alive on Oct 14 1907

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Mal Nutrition

(Marasmus) (DURATION) DAYS

(Signed) H. W. Wright M.D.

Address Canton & Linthicum Sts

Date Oct 15 1907

Place of Burial Sacred Heart Cemetery

Date Oct. 16 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 5607 Registered No. B C 5607

CERTIFICATE OF DEATH.

(Place of Death.) No. 1312 Riggs St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lee Chesley.

{Residence, if in Baltimore, Give Street and Number.} 1312 Riggs av.

Duration of Residence in Baltimore. 6 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Charles Co Md

FULL NAME OF FATHER George Chesley

BIRTHPLACE OF FATHER (State or country) Charles Co Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Charles Co Md

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Golden

(Address) 1312 Riggs Ave

Filed 10/16 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Oct. 15 1907 that I last saw him alive on Oct. 15 1907 and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage (DURATION) 3 DAYS

Contributory (Primary.) Typhoid Fever.

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date Oct. 15 1907

Place of Burial Waldorf Charles Co Md

Date Oct 17 1907

Undertaker Clarence E. Wathen

Address 1364 N Carey St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 5608

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5608

City of Baltimore, (No. 530, Brune St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adeline Holland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ( ) (Month) (Day) 1843 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Richard Watts

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Rachael Cunningham

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Watts

(Address) 530 Brune St.

Filed 10/16 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Oct 14 1907

that I last saw her alive on Oct 14 1907,

and that death occurred, on the date stated above, at 8:40 P. M. The CAUSE OF DEATH was as follows:

typhoid fever

(DURATION) 35 DAYS

Contributory intestinal hemorrhage

(DURATION) 1 DAYS

(Signed) H E Kunkel M. D.

Oct 15 1907 (Address) 1102 N Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem. | DATE OF BURIAL: Oct 17 1907

UNDERTAKER: Robt S Little | ADDRESS: 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 5609 Registered No. B C 5609

CERTIFICATE OF DEATH.

8/V

(Place of Death.) No. 715 Gold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos Savoy

{Residence, if in Baltimore, Give Street and Number.} 715 Gold St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col'd

DATE OF BIRTH May 4 1872

AGE 35 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Wm J. Savoy

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Axia Scott

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Brandt

(Address) 715 Gold St.

Filed 10/16/07 190

HARRY J. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 14 1907

that I last saw him alive on Oct 13 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mesenteric Lage (Internal)

(DURATION) DAYS

Contributory (Primary) Aneurism of Abdominal Aorta. Probable 6 mos (DURATION) DAYS

(Signed) Houghton L. Bailey M.D.

Address 715 Gold St.

Date 190

Place of Burial Mt Auburn

Date Oct 17 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 5610

Registered No. B C 5610

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Claggett Owens Parkhurst

{Residence, if in Baltimore, Give Street and Number.} 1418 Park avenue Baltimore Md

Duration of Residence in Baltimore. 47 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 4th 1837

AGE 70 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) West River Maryland

FULL NAME OF FATHER James Owens

BIRTHPLACE OF FATHER (State or country) West River maryland Anna arundle Co

MAIDEN NAME OF MOTHER Mary Johnstone

BIRTHPLACE OF MOTHER (State or country) Calvert Co Maryland

OCCUPATION OF DECEASED ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A R Parkhurst

(Address) 1418 Park Avenue

Filed 10/16 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15th 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Oct. 15 1907

that I last saw h as alive on Oct 15 1907,

and that death occurred, on the date stated above, at 7-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sclerosis of the Spinal Cord

c

(DURATION) DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) DAYS

(Signed) Thos P McConnick M.D.

Address 1421 Eutaw Place

Date Oct. 15 1907

Place of Burial Green Mount Cemetery

Date October 17th 1907

Undertaker H W Jenkins Sons Co

Address 308 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5611

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5611

Registered No. B.....

City of Baltimore, (No. 1704, Pierce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Conoway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dont Know

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary X Conoway

(Address) 1704 Pierce St

Filed 10/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 14 1907

that I last saw h alive on Oct 14 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Obstruction Bowels

..... (DURATION) 7 DAYS

Contributory Fecal vomiting & Exhaustion (DURATION) 2 DAYS

(Signed) J. L. Hooper M. D.

Oct 16 1907 (Address) 220 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 17th 1907

UNDERTAKER: Felix B Pye

ADDRESS: 112 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

C 5612

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1191

CERTIFICATE OF DEATH.

C 5612

Registered No. B.....

City of Baltimore, (No. 233 Dolphin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward L. Pindle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Sept 19 1906 (Month) (Day) (Year)

AGE: 1 years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Chas Pindle

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Harriet E Steward

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet E Pindle

(Address) 233 Dolphin St.

Filed 10/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 15 1907

that I last saw h.. alive on Oct 14 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Convulsions - uraemic of acute nephritis

(DURATION) 15 DAYS

Contributory Probably exposure to cold (DURATION) — DAYS

(Signed) Chas. J. Keller M. D.

Oct 15 1907 (Address) 222 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Oct 17 1907

UNDERTAKER: Felix B Lyle — ADDRESS: 102 E Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 5613 Registered No. B C 5613

CERTIFICATE OF DEATH.

29

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Kloke

{Residence, if in Baltimore, Give Street and Number.} 1129 Woodley St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 13 1899.

AGE: 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Jos. Kloke

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Alice Stadtler

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Kloke

(Address) 1129 Woodley St.

Filed 10/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1. 1907 to Oct 15 1907 that I last saw him alive on Oct. 15 1907, and that death occurred, on the date stated above, at 12.3. P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) E H Bitner M.D.

Address Md. Homeo Hospital

Date 10/15 1907

Place of Burial Loudon Park

Date October 17 190 7

Undertaker Jos. Sykes

Address 16 W. North Ave.

HARRY O. ANDES PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C 5614

Registered No. B C 5614

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Delia Hutchens

{Residence, if in Baltimore, Give Street and Number.} 207 Aisquith St.

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1842

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. A. L. Gaines

(Address) 114 E. Eutaw St.

Filed 10/16 1907 MAURY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1907.

I HEREBY CERTIFY, That I attended deceased from Oct. 9 1907 to Oct 16 1907 that I last saw h.. alive on Oct. 15 1907 and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Locomotor Ataxia.

(DURATION) 6 years DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Oct. 16 1907

Place of Burial Laurel Cem

Date Oct 17 1907

Undertaker Sam'l H. Chase & Son

Address 1011 N. Calhoun

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 5615 — Registered No. B 5615 C

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 3048 Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michal Mirzyuski Ri

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: July 16 1906

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andru Mirzyuski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Josefa Kowiedzna

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andru mirzyuski Ri

(Address) 3048 Boston St

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1907

I HEREBY CERTIFY, That I attended deceased from October 7 1907 to October 7 1907

that I last saw him alive on October 7 1907,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 20 DAYS

Contributory (Primary.)

Convulsions (DURATION) 10 DAYS

(Signed) S. S. Szymanski M.D.

Address 703 S. Ann St

Date October 16 1907

Place of Burial Holy Rosary

Date Thursday Oct 17 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 5617 Registered No. B C 5617

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736. Pont St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McCracken

{Residence, if in Baltimore, Give Street and Number.} 1736. Pont St.

Duration of Residence in Baltimore. 18 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 11th 1844

AGE: 63 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: John McCracken

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret McCracken

(Address) 1736 Pont St.

Filed 10/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Oct 14 1907 that I last saw him alive on Oct 14 1907, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Grippe

(DURATION) — DAYS

(Signed) E. W. Delcher M.D.

Address 2250 E Hoffman St

Date Baltimore Oct 15 1907

Place of Burial Frederick Md

Date Oct. 16th 1907

Undertaker G. F. Walker

Address 723 N. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 5616 — Registered No. B C 5616

150 c

CERTIFICATE OF DEATH.

(Place of Death.) No. 428 N. Paca . St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Mrs. Mamie Lacher

{Residence, if in Baltimore, Give Street and Number.} 428 N. Paca. St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Oct. 15th 1907

AGE ..... years, ... months, 5 Hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Mamie Hausman

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED House W

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Bruce

(Address) 428 N. Paca St.

Filed 10/15 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Oct. 15 1907

that I last saw h e r alive on Oct. 15 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Chorea of Cardiac Valves

(DURATION) 5 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. M. Lumpkin M.D.

Address 602 N. Paca St.

Date Oct 16 1907

Place of Burial Loudon Park

Date Oct. 16th 1907

Undertaker Wendell Gilspe & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

C 5618 C 5618

Registered No. B

CERTIFICATE OF DEATH.

176 V

(Place of Death.) *No.* 816 1st ave Hampden *St.*

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Spurgeon Victor Beck

{ Residence, if in Baltimore, Give Street and Number. } all of life

Duration of Residence in Baltimore. 816 1st ave

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Oct 11th 1907

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Spurgeon Victor Beck

BIRTHPLACE OF FATHER (State or country): York Co. Pa

MAIDEN NAME OF MOTHER: Anna Bailey

BIRTHPLACE OF MOTHER (State or country): Baltimore City Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Spurgeon Victor Beck

(Address) 816 1st ave city

Filed 10/17 1907

HARRY C. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to Oct 16 1907

that I last saw him alive on Oct 16 1907

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 5 DAYS

Con'ributory (Primary.) Injured during delivery

(DURATION) 5 DAYS

(Signed) E Edwards M.D.

Address 765 3rd ave

Date Oct 16 1907

Place of Burial Glenlock York Co Pa

Date Oct 16th 1907

Undertaker Wm E Schenuit

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — Registered No. B C 5619

C 5619

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1956 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary L. Bradley

{ Residence, if in Baltimore, Give Street and Number. } 1956 W Hanover St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov 22 1880

AGE: 26 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo. Marsh

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Sherlock

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter J. Bradley

(Address) 1956 Hanover St

Filed 10/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Oct 15 1907 that I last saw h.. alive on Oct 14 1907, and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory failure

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Duly [illegible] DAYS

(Signed) R E L Campbell M.D.

Address 1644 Hanover

Date Oct 15 1907

Place of Burial Mt Olivet

Date October 17 1907

Undertaker Peter F Carroll & Son

Address 1426 Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 5620

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5620

Registered No. B.....

City of Baltimore, (No. 1322 Rutter St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Percy Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: c

DATE OF BIRTH: Oct (Month) 12 (Day) 1907 Year)

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): city

FULL NAME OF FATHER: Clarence Lewis

BIRTHPLACE OF FATHER (State or country): city

MAIDEN NAME OF MOTHER: Maggie Lewis

BIRTHPLACE OF MOTHER (State or country): city

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Lewis

(Address) 1322 Rutter St

Filed 10/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 15 1907

that I last saw him alive on Oct 15 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Congenital Debility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Albert F. Cowen M. D.

Oct 16 1907 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 17 1907

UNDERTAKER: Felix B. Pyle — ADDRESS: 1026 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4th

C 5621 Registered No. B C 5621

11V

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Suckley

{ Residence, if in Baltimore, Give Street and Number. } Schumacher Co —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: Unknown — 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Germany —

FULL NAME OF FATHER: Unknown —

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) 5 S. Gay St.

Filed 10/17 1907

NANCY C. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 16 — 1907 that I last saw him alive on Oct 16 — 1907, and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) ... DAYS

Contributory (Primary.) Hypostatic

Pneumonia (DURATION) 3 DAYS

(Signed) H H Eshen M.D.

Address Balt City Hospital

Date Oct 16 — 1907

Place of Burial 1st Evangelical Cemetery

Date Oct. 17th 1907

Undertaker H. Sander Sons.

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 5622 — Registered No. B C 5622

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 Washington Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Hodges

{ Residence, if in Baltimore, Give Street and Number. } 216 Washington st Homestead

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 15 1907

AGE: ..... years, One month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 216 Washington St Homestead

FULL NAME OF FATHER: Edward Hodges

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Martha Donelons

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hodges

(Address) 216 Washington st —

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 15 1907 that I last saw her alive on Oct 15 1907, and that death occurred, on the date stated above, at 11.30 P.m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) A. Jones Westbrook M.D.

Address 237 Gorsuch ave

Date Oct 16 1907

Place of Burial St Marys-Dumpdem

Date Oct 17 1907

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 5623 — Registered No. B C 5623 / 164

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Anderson

{Residence, if in Baltimore, Give Street and Number.} 1405 E. Jackson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1835

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Dont Know

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Scott

(Address) 1405 Jackson.

Filed 10/17 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from an Boarder 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Base of Skull

(DURATION) DAYS

Contributory (Primary.) Accidental fall down stairs

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date Oct 15 1907

Place of Burial Mount Carmel

Date Oct 18 1907

Undertaker Jos. Stinchcomb

Address 1518 Light st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

C 5624 Registered No. B C 5624

15-1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1440 Haubert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Babetta Dennstadt

{Residence, if in Baltimore, Give Street and Number.} 1440 Haubert St

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 14 1907

AGE ... years, ... months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Friedrich Dennstadt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Berlinia Heimrik X

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED –

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isidor Rodriguez

(Address) 1425 Haubert St

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 15 1907 that I last saw h[er] alive on Oct 15 1907 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility (DURATION) 2 DAYS

Contributory (Primary) –

(DURATION) DAYS

(Signed) L. Kahn M.D.

Address 1506 E Fort Av

Date Oct 15 1907

Place of Burial Mount Olivet

Date Oct 17 1907

Undertaker Jos. Stumbrick

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10th

C 5625 Registered No. B C 5625

CERTIFICATE OF DEATH.

Place of Death.) No. 141 N. ~~Gloucester~~ Grove St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Marie Edna Bien

Grove

{Residence, if in Baltimore, Give Street and Number.} 141 N. ~~Gloucester~~ St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 26 1890

AGE: 16 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Henry C. Bien

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie E. Fetzner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C Bien

(Address) 141 N Glover st

Filed 10/17 1907 HARRY O. ANDREWS, REGISTRAR OF VITAL STATISTICS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1907 to Oct 14 1907

that I last saw her alive on Oct 14 1907

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate

Peritonitis

(DURATION) 6 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 20 DAYS

(Signed) C. F. Sundden M.D.

Address 2 S Patterson Park Ave

Date Oct 14th 1907

Place of Burial Trinity Cemetery

Date October 17th 1907

Undertaker H. Allen Fuller

Address 2012 E Balto st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 5626 — Registered No. B C 5626. 120

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie White

{ Residence, if in Baltimore, Give Street and Number. } 239 Wayne St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: — — 1866

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Pompei Drummond

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah Ewell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Ewell

(Address) 226 Welcome Alley

Filed 10/17 1907 HARRY G. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 15 1907

that I last saw h alive on Oct 15 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis Mitral Insufficiency - Chronic Nephritis (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Wm O Pauli M.D.

Address Johns Hopkins Hospital

Date October 15 1907

Place of Burial Laurel Cemetery

Date Oct 16 1907

Undertaker Wes H Hooper

Address 609 Litt Paca st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 *Registered No. B* C 5627

C 5627

CERTIFICATE OF DEATH.

(Place of Death.) *No.* #820 N. Port St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pinkney W. Hoblitzell

{ Residence, if in Baltimore, Give Street and Number. } #820 N. Port St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 12th 1875
AGE	32 years, 3 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	(Father) Fedder Hoblitzell
BIRTHPLACE OF FATHER (State or country)	Penna
MAIDEN NAME OF MOTHER	Anthonia Franz
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Railroader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hoblitzell

(Address) 820 N. Port St.

Filed 10/17/07 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Oct 14 1907 that I last saw h— alive on Oct 14 1907, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

2

Pulmonary Tuberculosis

3 mos (DURATION) DAYS

Contributory (Primary.) Hemorrhage — Pulmon. — (DURATION) 3 DAYS

(Signed) J C Brune M.D.

Address 125 E Baltimore

Date Oct. 16/07 1907

Place of Burial Baltimore Cemetery

Date 10/17/07 1907

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 5628 Registered No. B C 5628

167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Giovanna Crompto (Crompton)

{ Residence, if in Baltimore, Give Street and Number. } 825 N. Front St

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Giovanni Crompto

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Luigia Brocco

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Marianna Crompto

(Address) 825 N. Front St

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 16 1907

that I last saw h alive on Oct 16 1907

and that death occurred, on the date stated above, at 11½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronco Pneumonia

Contributory Malignant (DURATION) 6 DAYS

(DURATION) DAYS

(Signed) Benj. D. Hamilton M.D. Coroner

Address 216 N. Caroline St

Date Oct. 16 1907

Place of Burial St. Vincents Cem.

Date Oct 17 1907

Undertaker Germanus France

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 5629 — Registered No. B C 5629

CERTIFICATE OF DEATH.

120 r

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Warren E. Burgess

{Residence, if in Baltimore, Give Street and Number.} Hotel Junker

Duration of Residence in Baltimore. Two Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: October 1863

AGE: 43 years, 11 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): S. Ca

FULL NAME OF FATHER: Warren E. Burgess

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Martha E. Stukes

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph T. Stukes Jr

(Address) Manning So. Carolina

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15" 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Oct 15 1907 that I last saw him alive on Oct 15 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Chronic nephritis

Cystitis

(DURATION) DAYS

(Signed) W. S. Macfarlan M.D.

Address Johns Hopkins Hospital

Date October 1907

Place of Burial Manning South Carolina

Date October 19" 1907

Undertaker Henry W. Mears Jr

Address 7 West North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5630

Ward 6 C 5630 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2224 Fairmont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin Russell Rivers

{ Residence, if in Baltimore, Give Street and Number. } 2224 Fairmont Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sep. 23 1907

AGE: — years, — months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Francis A. Rivers

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Lillian Gould

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Weaver

(Address) 922 Columbia ave.

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 16 1907 that I last saw him alive on Oct 14 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 21 DAYS

Contributory (Primary) Premature birth

(DURATION) DAYS

(Signed) J. T. Shicknall M.D.

Address 14 N Patterson Park Ave

Date Oct 16 1907

Place of Burial Cedar Hill Cem.

Date Oct. 17 1907

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 5631 *Registered No. B* C 5631

CERTIFICATE OF DEATH.

27 V

(Place of Death.) *No.* 1537 *Retreat* *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. Schmick

{ Residence, if in Baltimore, Give Street and Number. } 1537 Retreat St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26 1887

AGE: 20 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Schmick

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine E Foos

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schmick

(Address) 1537 Retreat

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Oct. 14 1907

that I last saw h.. alive on Oct. 14 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 6 mos. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) L. F. Schmidt M.D.

Address 2226 Madison Ave.

Date Oct 15 1907

Place of Burial Baltimore Cemetery

Date Oct 18 1907

Undertaker Mc Ginnis - Carroll

Address 1227 Mulliken St.

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 5632 — Registered No. B C 5632

103 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 E. Madison St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Walter H. Gubb

{Residence, if in Baltimore, Give Street and Number.} 1734 E Madison st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 15th 1883

AGE: 23 years, 9 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Gubb.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emma J. Legg

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. H. Gubb

(Address) 1734 E Madison St

Filed 10/17 1907 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 14th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 14 1907 that I last saw him alive on Oct 14 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Ulcer

Gastric Hemorrhage

(DURATION) DAYS

Contributory (Primary) Gastric Hemorrhage (DURATION) DAYS

(Signed) Alf A Sagl M.D.

Address 727 N Broadway

Date OCT 14 1907 190

Place of Burial Baltimore Cem.

Date OCT 18 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 5633 — Registered No. B C 5633

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1820. N. Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Russell

{Residence, if in Baltimore, Give Street and Number.} 1820 N Appleton

Duration of Residence in Baltimore. 31

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 14 1830

AGE 77 years, 6 months, 1 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER James B Paulson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Elizabeth Williams

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Sadie E. Russell.

(Address) 1820 N Appleton St

Filed 10/17 1907 — MARY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct - 11 1907 to Oct - 14 1907

that I last saw h— alive on Oct - 14 1907

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis

(DURATION) 3 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Francis Jones M.D.

Address 1744 N Howard

Date Oct - 15 - 1907

Place of Burial Gatyatha Clearmac Co. Va.

Date Oct 18 1907

Undertaker Jos B Cook

Address 6063 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C 5634

Registered No. B C 5634

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Field

{ Residence, if in Baltimore, Give Street and Number. } 616 N Washington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH June 1841

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Mitchell Field

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. G. Fields

(Address) 1833 E. Biddle

Filed 10/17 1907

W. H. G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis

Contributory (Primary.) ..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) Evelyn Emmons M.D.

Address Coroner

Date Oct 16 1907

Place of Burial Greenmount Cemetery

Date October 18 1907

Undertaker J. Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 6,5635 — Registered No. 6,5635

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 Parkwyrth ave — St. 14

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Katie L. Bond

Residence, if in Baltimore, Give Street and Number. 613 Parkwyrth Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: March 2nd 1861

AGE: 46 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Allen A Chapman

BIRTHPLACE OF FATHER (State or country): Connecticutt

MAIDEN NAME OF MOTHER: Mary E Chase

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. E. Lowndes

(Address) 603 Parkwyrth ave

Filed 10/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Oct 15 1907 that I last saw h.. alive on Oct 15 1907, and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

Contributory (Primary.) — (DURATION) — DAYS

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 829 Gorsuch Av

Date Oct 16 1907

Place of Burial Green Mt Cemetery

Date October 18" 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27. C 5636 Registered No. B C 5636

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Ewell

{Residence, if in Baltimore, Give Street and Number.} 226 Welcome alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1864

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Harriet Baker

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Ewell

(Address) 226 Welcome Alley

Filed 10/17 1907

HARRY C. ANDREWS, PERRY CHEST... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 15 1907

that I last saw h.. alive on Oct 15 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm O Pauli M.D.

Address Johns Hopkins Hosp

Date Oct 15 1907

Place of Burial; ~~Mt Auburn Cem~~ Laurel Cemetery

Date Oct 19-07 1907

Undertaker John H Bradwin

Address 142 N Hill St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 5637

Registered No. B C 5637

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 Little Monument St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Leonia Stewart

{ Residence, if in Baltimore, Give Street and Number. } 819 Little monument St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colrd

DATE OF BIRTH: 1

AGE: years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: George Steard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Tilghman

BIRTHPLACE OF MOTHER (State or country): Bal

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: George Steward

(Address) 819 Little monument St

Filed 10/17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Oct 16th 1907

that I last saw her alive on Oct 14th 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

B.N.C.

Dispensary Case

(DURATION) DAYS

Contributory (Primary) Indigestion

(DURATION) DAYS

(Signed) Samuel A. Bain M.D.

Address 619 W. Biddle

Date Oct 16th 1907

Place of Burial Mt Auburn Cemetery

Date Oct 18 1907

Undertaker John H. Faudrin

Address 442 E. Hill St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 5638 — Registered No. B C 5638

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. 624 Dunbarton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leah Elizabeth Wroten.

{ Residence, if in Baltimore, Give Street and Number. } 624 Dunbarton Ave.,

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1850

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Wicomico Co., Md.

FULL NAME OF FATHER: Charles V. Crockett

BIRTHPLACE OF FATHER (State or country): Wicomico Co., Md.

MAIDEN NAME OF MOTHER: Amyrillis Bounds

BIRTHPLACE OF MOTHER (State or country): Wicomico Co., Md

OCCUPATION OF DECEASED: wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Wroten

(Address) 624 Dunbarton Ave

Filed 10/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16, 1907.

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to Oct 16 1907

that I last saw h[illegible] alive on Oct 15 1907,

and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dysentery.

(DURATION) DAYS

Contributory (Primary.) Nephritis

unknown (DURATION) DAYS

(Signed) John Evans M.D.

Address 607 Dolphin Ave

Date October 16, 1907.

Place of Burial Lakeside Md

Date 18 Oct 1907

Undertaker John E Hurley

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

16

C 5639

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C 5639

City of Baltimore, (No. 910 N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Estelle Chenley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femail | COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Handy Neely

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Knighton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. S. Cheeley

(Address) 921 Gilmor St

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to Oct. 15 1907 that I last saw her alive on Oct. 15 1907, and that death occurred, on the date stated above, at 1:45 P. M. The CAUSE OF DEATH was as follows:

Coronary Congestion of the Lungs

(DURATION) 2 DAYS

Contributory Organic Heart disease

(DURATION) 2 yrs

(Signed) H. M. Stevenson, M. D.

Oct. 17 1907 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Pk — DATE OF BURIAL: Oct 18 1907

UNDERTAKER: John E Hughes — ADDRESS: 1422 Pl...

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19

HEALTH DEPARTMENT, City of Baltimore.

C 5640 Registered No. B C 5640

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 16th St. & Clifton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J Thomas

{Residence, if in Baltimore, Give Street and Number.} 518 Parish alley

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 39 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John J Thomas

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Thomas

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie J Thomas

(Address) 518 Parish al.

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octo. 15th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907 to 1907

that I last saw h.... alive on 1907,

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Congestion

Acute Alcoholism (DURATION) DAYS

Contributory (Primary.) Bright's Disease (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 710 Lafayette Ave. (Druggist)

Date October 17th 1907

Place of Burial Mount Zion

Date Oct 18 1907

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 5641 — Registered No. B C 5641

154 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Ledig

{Residence, if in Baltimore, Give Street and Number.} 810 E. Baltimore St.

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W.

DATE OF BIRTH July 1823

AGE 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Hungary, Austria

FULL NAME OF FATHER David Weinberger

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Cecil Goldberg

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED O

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alvina Wertheim

(Address) N.Y.

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16th 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to Oct. 16 1907

that I last saw her alive on " 16 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

about 1 week (DURATION) DAYS

Contributory (Primary) Old age

about 8 months (DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 1121 E. Baltimore

Date Oct. 17th 1907

Place of Burial Hebrew Washington Blvd

Date Oct 17, 1907

Undertaker Max Levinson

Address 1620 ne Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — Registered No. B C 5642

C 5642

CERTIFICATE OF DEATH.

143 ✓

(Place of Death.) No. 1202 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gizella Sugar

{ Residence, if in Baltimore, Give Street and Number. } 1202 Jackson St

Duration of Residence in Baltimore. 23 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 53 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Dave Caplan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Caplan

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C Sugar

(Address) 1202 Jackson

Filed 10/17 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 12 M. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 12 M. 1907 to Oct. 16 12 M. 1907

that I last saw h[er] alive on Oct 15 12 M. 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

Secondary Lungs & Liver

Two Years (DURATION) — DAYS

Con'tributory (Primary) Exhaustion

— (DURATION) — DAYS

(Signed) H. H. Chambers M.D.

Address 18 W. Franklin

Date Oct 17 12 M. 1907

Place of Burial Rosedale Cemetery Hebrew

Date Oct 17, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5643

Ward 17 C 5643 Registered No. B 1794

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Wilmer Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena Lunsford

{ Residence, if in Baltimore, Give Street and Number. } 1138 Wilmer Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH June 15th 1907

AGE 4 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. City.

FULL NAME OF FATHER Thos Smith

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Fanny Lunsford

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 W Pratt St

Filed 10/17/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15th 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 15 1907

that I last saw h alive on Oct. 15 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

6 hrs.

Marasmus (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 912 Mad. Ave

Date Oct. 17th 1907

Place of Burial Laurel Cemetery

Date Oct 17th 1907

Undertaker J. A. Bishop

Address 1107 W Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5644 — Registered No. B C 5644

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Infant Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Lillie May Bender

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Infant Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Sept 14, 1907

AGE: ..... years, 1 month, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/17 1907

Registrar HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept 21 1907 to Oct 15 1907

that I last saw h.. alive on Oct 14 1907,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline St

Date Oct 16 1907

Place of Burial Mt. Calvary

Date October 17 1907

Undertaker M Carlin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 5645 Registered No. B C 5645

CERTIFICATE OF DEATH.

27

(Place of Death.) No. St Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Boyle Howell

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	May 1, 1907
AGE	....years, 5 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/17 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 16 1907 that I last saw h[illegible] alive on Oct 5 1907 and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate

marasmus

(DURATION) DAYS

Contributory (Primary) Pulmonary TB.

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline St

Date Oct 16, 1907

Place of Burial New Cathedral

Date October 17 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5646 — Registered No. B C 5646

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Rita Lessen

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH Aug 13 1907

AGE ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Oct 14 1907

that I last saw h... alive on ... 19..

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate

Marasmus.

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date Oct. 16 1907

Place of Burial New Cathedral

Date October 17 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5647 — Registered No. B C 5647

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Edwards

{Residence, if in Baltimore, Give Street and Number.} 11 Druid Inf asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Sept 1, 1907

AGE ... years, 1 month, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/17 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Oct 14 1907 that I last saw h— alive on Oct 13 1907 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G H Bayard M.D.

Address 1232 Cathedral

Date 10-16 1907

Place of Burial New Cathedral

Date October 17 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C 5648 — Registered No. B C 5648

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael H Nea

{Residence, if in Baltimore, Give Street and Number.} 1004 S Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ....1....

AGE: 34 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Timothy Nea

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Winifred Finnegan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Nea

(Address) 1004 S Paca St

Filed 10/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1907

I HEREBY CERTIFY, That I attended deceased from August 15 1907 to Oct 15 1907 that I last saw h[illegible] alive on Oct 14 1907 and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

2 months (DURATION)

Contributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) Jos E. Muse M.D.

Address 855 Columbia ave

Date Oct 16 1907

Place of Burial Holy Cross Cem

Date October 18 1907

Undertaker James Dignan's Sons

Address 969 W Lombard St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 5649 Registered No. B C 5649

CERTIFICATE OF DEATH.

271

(Place of Death.) No. 805 W. Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel J. Murphy.

{Residence, if in Baltimore, Give Street and Number.} 805 W Harford Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 4 1881

AGE: 26 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto, md.

FULL NAME OF FATHER: Timothy A. Murphy.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Kennelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Nicholas McGraw

(Address) 805 Harford Ave.

Filed 10/17 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1907 to Oct 15, 1907 that I last saw him alive on Oct. 15, 1907. and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from constant dyspnoea, inability to lie down or to sleep.

(DURATION) 8 DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) 2½ DAYS

(Signed) Frank E. Brown M.D.

Address 926 E. Eager St.

Date Oct. 17th, 1907

Place of Burial Cathedral Cemetery

Date Oct. 17, 1907

Undertaker Henry W. Means & Son

Address 805 Harford Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 5650 . Registered No. B C 5650

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Cerny

{ Residence, if in Baltimore, Give Street and Number. } 415 N. Bradford St.

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowe

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Cerny

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Borsuk

(Address) 415 N. Bradford St

Filed 10/17 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1907 to Oct 16 1907

that I last saw h Ex alive on Oct 14 1907

and that death occurred, on the date stated above, at 4.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cystitis

(DURATION) 14 DAYS

Contributory (Primary.) Old age

(DURATION) ..... DAYS

(Signed) A. G. Rytina M.D.

Address 224 E. Monument St

Date Oct 16/ 1907

Place of Burial Holy Redeemer

Date Oct. 18 1907

Undertaker Frank Grach

Address 1904 Ashland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 5651 — Registered No. B C 5651

CERTIFICATE OF DEATH.

119 V

(Place of Death.) No. 209 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Stodeke

{Residence, if in Baltimore, Give Street and Number.} 209 N. Rose St.

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal — COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Frank Boucek

BIRTHPLACE OF FATHER (State or country): Bahemia

MAIDEN NAME OF MOTHER: Barbara Hala

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachael Stodeke

(Address) 209 N. Rose St

Filed 10/17 1907 — HARRY C. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9, 1907 to Oct. 16 1907

that I last saw h alive on " 190

and that death occurred, on the date stated above, at 6 35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

about 2 months (DURATION) DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) DAYS

(Signed) W. H. Grauer M.D.

Address 2108 Ashland Ave

Date Oct. 17 — 1907

Place of Burial Holy Redeemer

Date Oct. 19 1907

Undertaker Frank Grach

Address 904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 5652 — Registered No. B C 5652

CERTIFICATE OF DEATH.

11V

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Manny Mooney

{Residence, if in Baltimore, Give Street and Number.} Lansing Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Unknown. 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Bricklayer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Burke

(Address) 17 S. Calhoun St

Filed 10/17 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9. 1907 to Oct 16 1907 that I last saw h[illegible] alive on Oct 16 1907, and that death occurred, on the date stated above, at 7 45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease.

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) H H Eskew M.D.

Address Balto City Hospital

Date Oct 16 — 1907

Place of Burial Greenmount Cem

Date 10 - 18th 1907

Undertaker Robt. Burke & Son

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 5653 — Registered No. B C 5653

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn F. Hartman

{Residence, if in Baltimore, Give Street and Number.} 1523 Bank St.

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Chas. Hartman

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Hartman

(Address) 1523 Bank St.

Filed 10/17 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 16 1907

that I last saw h— alive on Oct 16 1907,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tonsilitis

Contributory (Primary.) (DURATION) 4 DAYS (I saw her only 4 days before the date of death)

(DURATION) DAYS

(Signed) J. J. Kaufman M.D.

Address 161 Bank

Date Oct 16 1907

Place of Burial Bachmans Cem.

Date Oct. 18th 1907

Undertaker Wendell Dippel & Sons

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 5654 — Registered No. B C 5654

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 N. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Knight.

{Residence, if in Baltimore, Give Street and Number.} 713 N. Lombard St.

Duration of Residence in Baltimore. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W.

DATE OF BIRTH October 14th 1907

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Strauss Knight

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Bertie James

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Strauss Knight

(Address) 713 N. Lombard St

Filed 10/17" 190.. HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 17 1907 that I last saw him alive on Oct 16th 1907, and that death occurred, on the date stated above, at 10 PM.

CAUSE OF DEATH (Secondary or Immediate)

Asphyxiation Circumstances

(DURATION) 0 DAYS

Contributory (Primary.) ——

(DURATION) —— DAYS

(Signed) H. O. Harbaugh M.D.

Address 622 N. Lombard St.

Date Oct 17, 07 1907

Place of Burial St. Peters Cemetery

Date Oct 18th 1907

Undertaker Henry C. Branning

Address 5. S. Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward V C 5655 Registered No. B C 5655

176 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Jarowski

{Residence, if in Baltimore, Give Street and Number.} 611 S. Durham

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 17 1907

AGE —— years, —— months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Jorowski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Winacki

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jorowski

(Address) 611 S Durham St

Filed 10/17 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17 1907 to Oct 17 1907

that I last saw h[illegible] alive on Oct 17 1907,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs.

(DURATION) 4 hours DAYS

Contributory (Primary.) Malpresentation,

(Secondary) Breech, complicated with prolapse of cord (DURATION) DAYS

(Signed) J. J. Stephenson M.D.

Address 4 N. Bway

Date Oct. 17 1907

Place of Burial Holy Rosary

Date Oct 17 1907

Undertaker Jos Zborowski

Address 1742 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V — C 5656 — Registered No. B C 5656

15/V

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 S Register St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anton Weber

{Residence, if in Baltimore, Give Street and Number.} 513 S Register

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Oct 10 1907

AGE — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Anton Weber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Brozinska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Weber

(Address) 513 S. Register

Filed 10/17 1907 — Registrar

HENRY C. ANDREW
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Inal Intution

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sudler Coroner M.D.

Address 320 N Green St

Date 190

Place of Burial St Stanislaus

Date Oct 18 1907

Undertaker Jos Zborowski

Address 1742 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTME[illegible]

Ward 9 — C 5657 — Registered No. B C 5657

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Shoemaker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hajduck

{ Residence, if in Baltimore, Give Street and Number. } 1 Baltimore

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 10 1879

AGE: 38 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kinpisinska

(Address) 1623 Lancaster st

Filed 10/17 1907 HARRY G. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1907

I HEREBY CERTIFY, That I attended deceased from October 7 1907 to October 10 1907 that I last saw him alive on October 10 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Renal Dropsy

(DURATION) 40 DAYS

Contributory (Primary)

Heart Failure (DURATION) 5 DAYS

(Signed) S. J. Szumalski M.D.

Address 732 S. Ann st

Date October 17 1907

Place of Burial Holy Rosary.

Date Oct 18. 1907

Undertaker M. F. Sentmeister,

Address 1003 S. Ann st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 5658

Registered No. B C 5655

CERTIFICATE OF DEATH.

6/V

(Place of Death.) No. 515 S Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emes Ranish

{Residence, if in Baltimore, Give Street and Number.} 515 S Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: - years, 11 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Emaliel Ranish.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Annie Zenkewicz

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Ranish (Father)

(Address) 515 S. Wolfe St

Filed 10/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 16 1907

that I last saw h[illegible] alive on Oct 1907

and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate)

acute Meningitis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Broadway

Date Oct 18 1907

Place of Burial St Stanislaus

Date Oct 18 " 1907

Undertaker M F Sadowski

Address 700 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5659

Registered No. B 94

City of Baltimore, (No. Hospital for Women) Md St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Nannie V. Patten

PERSONAL AND STATISTICAL PARTICULARS

SEX Female
COLOR White
DATE OF BIRTH January (Month) 1st (Day) 1870 (Year)
AGE 37 years, 9 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
BIRTHPLACE (State or country) Virginia
FULL NAME OF FATHER John W. Tucker
BIRTHPLACE OF FATHER (State or country) Virginia
MAIDEN NAME OF MOTHER Alice Settle
BIRTHPLACE OF MOTHER (State or country) Virginia
OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jos. T. Patten
(Address) 419 East Lynn

Filed 10/17 1907
HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Oct 16th 1907
that I last saw her alive on Oct 16th 1907
and that death occurred, on the date stated above, at 7.10 P. M. The CAUSE OF DEATH was as follows:

Respiratory Failure
due to Toxemia & exhaustion
(DURATION) One DAY

Contributory Empyemia
(DURATION) 48 DAYS

(Signed) C. D. Rollins M. D.
1907 (Address) 150 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 419 East Lynn Ave, Baltimore
How long at Place of Death? 8 Days
Where was disease contracted, if not at place of death? 419 E. Lynn Ave.

PLACE OF BURIAL OR REMOVAL Druid Hill Cemetery
DATE OF BURIAL OCT 18 1907
UNDERTAKER John J. Fahey
ADDRESS 123 Williams

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 11th

Registered No. B 3660

137

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Anna Moffett.

{Residence, if in Baltimore, Give Street and Number.} Millerstown, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: W.

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Moffett

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Dick

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt S. Moffett

(Address) Washington DC

Filed Oct 18 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st 07 1907 to Oct. 17 1907

that I last saw her alive on Oct. 17 1907,

and that death occurred, on the date stated above, at 1255 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) DAYS

Contributory (Primary.) Puerperal

Inspection (DURATION) DAYS

(Signed) Peregrine Wroth Jr. M.D.

Address Union Prot. Infirmary

Date October 17 1907

Place of Burial Hancock-Washington Co Md

Date Oct 17 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 5661 Registered No. B C 5661

CERTIFICATE OF DEATH.

14 C

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Herrod

{ Residence, if in Baltimore, Give Street and Number. } 505 N Carlton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles. Lee

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Johanna Lee

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Herrod.

(Address) 505 N Carlton. St

Filed 10/18 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 8 1907 to Oct 16 1907 that I last saw h alive on Oct 16 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

10 hrs (DURATION) DAYS

Con'ributory (Primary) Dysentery

Chronic (DURATION) DAYS

(Signed) R. W. Crawford M.D.

Address University Hospital

Date Oct 16th. 1907

Place of Burial Mt. Auburn

Date Oct. 18. 1907

Undertaker A. I. Freeland

Address 106 Schroeder St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 9 C 5662 Registered No. B 776

CERTIFICATE OF DEATH.

(Place of Death.) No. 634 Gorsuch Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Campbell.

{Residence, if in Baltimore, Give Street and Number.} 634 Gorsuch Ave Baltimore Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb 16 1872
AGE	35 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Scotland.
FULL NAME OF FATHER	Jno Campbell
BIRTHPLACE OF FATHER (State or country)	Scotland.
MAIDEN NAME OF MOTHER	Ann MacFee
BIRTHPLACE OF MOTHER (State or country)	Scotland.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Anna Campbell

(Address) 634 Gorsuch Ave Baltimore County

Filed 10/18 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 15 1907 that I last saw h alive on Oct 15 1907 and that death occurred, on the date stated above, at 1630 A M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease
Tuberculosis Pulmonary.
Marasmus (DURATION) DAYS

Contributory (Primary.)
(DURATION) DAYS

(Signed) W. L. Whittle M.D.

Address 906 Gorsuch Ave.

Date Oct 17 1907

Place of Burial Greenmount Presbyterian

Date Oct 18 1907

Undertaker A. Tiink & Sons

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 44 — C 5663 — Registered No. B ...

CERTIFICATE OF DEATH.

1 V

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Bazarski

{Residence, if in Baltimore, Give Street and Number.} Spanns Point Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Unknown 1...

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dont Know —

(Address) — —

Filed 10/18 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 16 1907

that I last saw him alive on Oct 16 1907,

and that death occurred, on the date stated above, at 3 50 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

(DURATION) ... DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) H W Esker M.D.

Address Baltimore City Hospital

Date Oct 17, 1907

Place of Burial St Agatha's Cemetery

Date Oct 19th 1907

Undertaker H S Funk

Address 413 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 20 — 6. 5664 — Registered No. B [illegible] 1514

CERTIFICATE OF DEATH.

(Place of Death) No. 1923 Frederick Rd. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of Louis and Margareth Ball ~~Louis Ball Margareth Ball~~

{Residence, if in Baltimore, Give Street and Number.} 1923 Frederick Rd.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 14 1907

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Louis Ball

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Margareth Wolf

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Ball

(Address) 1923 Frederick Ave

Filed 10/18 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 16 1907

that I last saw her alive on Oct 16 1907

and that death occurred, on the date stated above, at 5 9 M. CAUSE OF DEATH (Secondary or Immediate

Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Walter A Coe M.D.

Address 548 Fulton Ave

Date Oct 17 1907

Place of Burial St Peters

Date Oct 18 1907

Undertaker H & Finch

Address 2413 N. Preston St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 1. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and *date of death*.

C 5665

and

C 5666

missing

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. B C 5667

C 5667

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 W Franklin St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Timothy J Hayes

{Residence, if in Baltimore, Give Street and Number.} 50 yrs

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret J Hayes

(Address) 1124 W. Franklin St

Filed 10/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Oct 16 1907

that I last saw h in alive on Oct 16 1907

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

Hardening of arteries Angina Pectoris (DURATION) 15 DAYS

Con'ributory (Primary) ~~Heart Disease~~ (DURATION) 10 DAYS

(Signed) John A Cronan M.D.

Address 101 N. Carey St.

Date Oct 17 1907

Place of Burial Cathedral Cemetery

Date Oct 19th 1907

Undertaker John J Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

C 5668 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 Hanover St St. (If Death occ... Hospital or Institution give its Name instead of Street and Number.)

Full Name Edna A. Loomis

{Residence, if in Baltimore, Give Street and Number.} 719 Hanover st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 4 1905

AGE: 2 years, 4 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frederick Loomis

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Annie Smith

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Loomis

(Address) 719 Hanover st.

Filed 10/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16th. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 16 1907

that I last saw h[illegible] alive on Oct 16 1907

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 16 DAYS

Con'tributory (Primary.) Convulsions and Exhaustion (DURATION) 7 DAYS

(Signed) Henry C. Ohler M.D.

Address 1203 W. Fayette St

Date Oct 16 1907

Place of Burial London Park

Date Oct 18th 1907

Undertaker Fred. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C 5669 C [redacted] Registered No. B C [redacted]

C 5669

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 N. Pond. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. (Mc)Cleary.

{ Residence, if in Baltimore, Give Street and Number. } 1434 N. Pond St.

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR W.

DATE OF BIRTH Mch. 29 — 1845

AGE 61 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McCleary.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Eliza Wright

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Laborer Warden

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. R. McCleary

(Address) 1434 N. Pond

Filed 10/18 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Oct 15 1907

that I last saw him alive on Oct 15 1907

and that death occurred, on the date stated above, at 9.40 P.M. CAUSE OF DEATH (Secondary or Immediate

Chronic Endocarditis

Heart Failure.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D. E. Ellwell M.D.

Address 1419 E Eager St

Date Oct. 16 1907

Place of Burial Baltimore. Cem.

Date OCT 19 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5670

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5670

Registered No. B 1054

City of Baltimore, (No. 2122 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Reddeni Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: Colrd.

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jas Johnson

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: Katie Brown

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Johnson.

(Address) 2122 Division St.

Filed 10/18 1907

HARRY C. ANDREW
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 17 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 11 1907 that I last saw h alive on Oct 11 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Thrombosis

(DURATION) 31 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Oct 17 1907 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Oct 18 1907

UNDERTAKER: Felix B Pye — ADDRESS: 112 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 4 — C 5671 — Registered No. B C 5671

166

CERTIFICATE OF DEATH.

(Place of Death.) [redacted] 35 W Fayette St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Ring

{ Residence, if in Baltimore, Give Street and Number. } 635 W Fayette St

Duration of Residence in Baltimore 11 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Aug 5 1843

AGE: 64 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Restaurant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Augusta C Ring

(Address) 635 W. Fayette St.

Filed 10/18 1907 — Registrar

HARRY O. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from as Prisoner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorhage

Struck by a car

(DURATION) 36 Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) A Marley M.D.

Address

Date Oct 16 1907

Place of Burial Loudon Park

Date Oct 18 1907

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, Baltimore

Ward 14 C 5672 Registered No. B C 5672 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine J Rhodes

{Residence, if in Baltimore, Give Street and Number.} 306 N. Carey St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 2 1806.

AGE: 49 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: James M. Henderson

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Amanda Tebney

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/18 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Oct 16 1907

that I last saw her alive on Oct 15 1907,

and that death occurred, on the date stated above, at 7:10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 10 DAYS

Contributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) E. L. Ellis M.D.

Address 915 Light St

Date Oct 17 1907

Place of Burial London Park

Date Oct 18 1907

Undertaker Josiah Setter

Address 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5673

Stuerken

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5673

Registered No. B .....

City of Baltimore, (No. 1035 Hopkins Av. West. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rev Claus Stuerken

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: Oct 9 (Month) 1820 (Day) (Year)

AGE: 87 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Retired Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jno J. Remmer

(Address) 1035 Hopkins Av W

Filed 10/18 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 17 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Oct 17 1907

that I last saw h[illegible] alive on Oct 17 1907,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Senile Senile decay.

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) Robert C Kuhn M. D.

Oct 18 1907 (Address) 1001 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Emanuel Lutheran | DATE OF BURIAL: Oct 20 1907

UNDERTAKER: Wm Andrew Robertson | ADDRESS: 730 Fremont Av

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 5674 Registered No. B C 5674

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm J. Holden

{Residence, if in Baltimore, Give Street and Number.} 919 E. Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 3 1870

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Daniel Holden

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Murphy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 919 E. Biddle St

Filed 10/18 1907 Dr B. Boyle Registrar

CLERK OF REGISTRY & PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15th 1907

I HEREBY CERTIFY, That I attended deceased from July 9th 1907 to Oct. 15th 1907

that I last saw him alive on Oct. 12th 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

6 Months (DURATION) DAYS

Contributory (Primary.) Exposure during

Typhoid Fever (DURATION) DAYS

(Signed) Jno. Burke Bayne M.D.

Address 104 E. Madison St

Date Oct. 18th 1907

Place of Burial New Cathedral

Date October 19, 1907

Undertaker H. C. Friedfeld

Address 917 Greenmount Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B C 5675

C 5675

CERTIFICATE OF DEATH.

(Place of Death.) No. 333 So Bond St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary & Peter Bauerschaub

{Residence, if in Baltimore, Give Street and Number.} 333 So Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 14 1907

AGE: ..... years, ... months, 1 hr days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City 333 So Bond St

FULL NAME OF FATHER: Peter Bauerschaub.

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Bauerschaub.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Schaeckel

(Address) City Hospital

Filed 10/18 1907

HENRY C. ANDREWS, REGISTRAR OF VITAL STATISTICS

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 14 1907

that I last saw him alive on Oct 14 1907,

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Unknown

(DURATION) DAYS

Contributory (Primary.) Unknown.

(DURATION) DAYS

(Signed) H. H. Eden M.D.

Address Bath City Hospital

Date Oct 16 1907

Place of Burial JOHNS HOPKINS HOSPITAL OCT 16 1907 ANATOMICAL PURPOSES

Date 190

Undertaker W

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 33

Ward 3 Registered No. B C 5676

CERTIFICATE OF DEATH.

(Place of Death.) No. City Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Solomon Chinn

{Residence, if in Baltimore, Give Street and Number.} 1107 Allen Alley

Duration of Residence in Baltimore. 67 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colrd

DATE OF BIRTH: 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm Chinn

BIRTHPLACE OF FATHER (State or country): - - -

MAIDEN NAME OF MOTHER: - - - -

BIRTHPLACE OF MOTHER (State or country): - -

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B S Hamilton

(Address) 1216 N Carrollinas

Filed 10/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 7 1907

that I last saw him alive on — 190—

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Strangulated Hernia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Hamilton M.D.

Address 1216 N. Carrollinas

Date Oct 15 1907

Place of Burial JOHNS HOPKINS HOSPITAL OCT 16 1907

Date — 190—

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 51

Ward 4 C 5677. Registered No. B C 5677

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of May Israel

{ Residence, if in Baltimore, Give Street and Number. } 119 6

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 13 1907

AGE: ....years, ...months 2 Hours ....days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walter Israel

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: May O' Loughlin

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 13 1907 that I last saw h im alive on Oct 13 1907, and that death occurred, on the date stated above, at 7.30 M. CAUSE OF DEATH (Secondary or Immediate)

Premature

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. M. Allen M.D.

Address 622 W Lombard St.

Date Oct 14 1907

Place of Burial COLLEGE OF P. & S.

Date OCT 15 1907 1907

Undertaker W

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

234

Ward 4

CERTIFICATE OF DEATH. C-5678

(Place of Death.) No. 1436 N. Eden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius A. Moore

{ Residence, if in Baltimore, Give Street and Number. } 1436 N. Eden St

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 9 1867

AGE 40 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER James A. Moore

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Julia E. Dutton

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Straw Hatmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth K. Moore

(Address) 1436 N. Eden st

Filed 10/18 1907, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 22 1907 to 1907

that I last saw h[illegible] alive on Sept. 30 1907

and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Contributory (Primary.) Acute Pneumonia (DURATION) 15 days

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Oct. 16, 1907

Place of Burial Loudon Park

Date Oct 18 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 5678

Ward .....

Registered No. B C 5678 5679

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas C. Pietsch

{Residence, if in Baltimore, Give Street and Number.} 617 S Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 1 1878

AGE 28. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Leon Pietsch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Frieda Sauer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Pietsch

(Address) 617 S Eutaw St

Filed 10/18 190.. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to Oct. 17 1907

that I last saw h im alive on Oct. 16 1907,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ? DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 DAYS

(Signed) S. Lodeman M.D.

Address 179 N. Broadway

Date Oct. 17, 1907

Place of Burial Odd Fellows Cem.

Date Oct 19 1907

Undertaker Robt J Turner

Address 1 x x 2.21 E Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 5660 Registered No. B C 5660 56V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Keimig.

{Residence, if in Baltimore, Give Street and Number.} 2006 Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 9 1879

AGE 28 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Schaefer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Seibert

BIRTHPLACE OF MOTHER (State or country) Germy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Middendorf

(Address) 409 N Eutaw St

Filed 10/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Oct 17 1907 that I last saw her alive on Oct 17 1907, and that death occurred, on the date stated above, at 2.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

St Louis

(DURATION) 12 DAYS.

Con'tributory (Primary.) Hepatic Cirrhosis

Neuritis (Acc) (DURATION) 10 DAYS

(Signed) A. G. Ryton M.D.

Address 2004 E. Monument St

Date Oct 17 1907

Place of Burial Holy Cross

Date Oct 19 1907

Undertaker Robt V. Turner

Address 1442 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5682

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5682

Registered No. B .....

City of Baltimore, (No. 1203, Scott St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Yager

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: Aug (Month) 13 (Day) 1907 (Year)	
AGE: ..... years, 2 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Joseph Yager
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Annie Kahl
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Yaeger

(Address) 1203 Scott st

Filed 10/18 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Oct 17 1907

that I last saw him alive on Oct 15 1907,

and that death occurred, on the date stated above, at 1.40 P.M. The CAUSE OF DEATH was as follows:

Marasmus.

2 mos. (DURATION) , DAYS

Contributory tubercular meningitis about (DURATION) 14 DAYS

(Signed) H E Krusch M. D.

Oct 18 1907 (Address) 1002 N Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Bur	Oct 19th 1907
UNDERTAKER	ADDRESS
E Schlosman & Son	1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 10 C 5681 Registered No. B C 5681

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010 Hooker St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Olga M. Babbitt

{Residence, if in Baltimore, Give Street and Number.} 1010 Hooker

Duration of Residence in Baltimore. Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 28th 1869

AGE: 37 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Livingston S. Burkhead

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: — Utley

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. H. Babbitt

(Address) 1010 Hooker St.

Filed 10/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Dean Baldwin M.D.

Address 700 Leg. Av. (Corner)

Date Octo. 17th 1907

Place of Burial Raleigh N. C.

Date Oct 18 1907 190

Undertaker E. W. Mitchell

Address 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5683 Registered No. B C 5683

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Wilmer Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Moore

{Residence, if in Baltimore, Give Street and Number.} 1138 Wilmer Alley

Duration of Residence in Baltimore. Entire

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR W

DATE OF BIRTH June 1903

AGE 4 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Louis Moore

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Bradford

BIRTHPLACE OF MOTHER (State or country) Rhode Island

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bendtz

(Address) 1107 Dolphin Ave

Filed 10/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 17 1907 that I last saw h[illegible] alive on Oct 16 1907, and that death occurred, on the date stated above, at 12 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 2 DAYS

Contributory (Primary) Enteritis

(DURATION) 7 DAYS

(Signed) Wm S Huck M.D.

Address 647 W Lafayette Ave

Date Oct 17 1907

Place of Burial Druid Ridge

Date Oct 19 1907

Undertaker J. A. Bendtz

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 5684 — Registered No. B C 5684

CERTIFICATE OF DEATH.

78 V

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Dorrell

{Residence, if in Baltimore, Give Street and Number.} 906 N. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH July 16 1850

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Nathaniel Dorrell

BIRTHPLACE OF FATHER (State or country) Queen Anne Co

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Dorrell

(Address) 948 N. Gay st

Filed 10/8 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 21 1907 to Oct. 17 1907 that I last saw h in alive on Oct 17 1907, and that death occurred, on the date stated above, at 12.00 — M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

2 hours (DURATION) ..... DAYS

Contributory (Primary.) Endocarditis

5 years (DURATION) — DAYS

(Signed) Eugene L. Peugnet M.D.

Address St Joseph's Hospital

Date Oct. 17 1907

Place of Burial Baltimore Cemetery

Date October 19 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

5

C 5685

1V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Cusimano

CERTIFICATE OF DEATH.

Registered No. B C 5685

City of Baltimore, (No. 1113 Thomson St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carmella Cusimano

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec (Month) 11 (Day) 1906 (Year)

AGE 1 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child -

BIRTHPLACE (State or country) Balto -

FULL NAME OF FATHER Clutor Cusimano

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Teriza Calatann

BIRTHPLACE OF MOTHER (State or country) Italy -

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Calatann

(Address) 1118 Thomson St

Filed 10/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 17 1907 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1907 to Oct 17 1907 that I last saw her alive on Oct 16 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Hypostatic pneumonia from chronic "Irregular Form"

(DURATION) 30 DAYS

Contributory Voluntary Starvation

(DURATION) DAYS

(Signed) Percy J. Grove M. D.

OCT 17 1907 (Address) 1302 N. Caro

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral Cem. | DATE OF BURIAL Oct. 19 1907

UNDERTAKER Geronimo Franco | ADDRESS 1901 Bank St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case co ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person d

of Vital Statistics in the City of Baltimore.

all die in the said city it shall be the duty of ase comes under his notice, to furnish within al, a certificate setting forth, as far as the same rson deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5686

City of Baltimore, (No. 522 N Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Alfred Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Dec. (Month) ? (Day) 1906 (Year)

AGE: X years, 10 months, ? days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: James Mitchell

BIRTHPLACE OF FATHER (State or country): A.A. Co. Md

MAIDEN NAME OF MOTHER: Emma Peters

BIRTHPLACE OF MOTHER (State or country): A.A. Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mitchell

(Address) 522 N. Bruce St.

Filed 10/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 16 1907

that I last saw h~~im~~ alive on Oct 16 1907

and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Marasmus

Dysentery

(DURATION) 11 DAYS

Contributory

(DURATION) ? DAYS

(Signed) Luis M Eastman Jr M. D.

Oct. 17 1907 (Address) 1505 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 19th 1907

UNDERTAKER: Felix B Rye

ADDRESS: 102 E Fulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 11 C 5687 Registered No. B C 5687

CERTIFICATE OF DEATH.

71V

(Place of Death.) No. 1117 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A Dorman.

{Residence, if in Baltimore, Give Street and Number.} 21 years

Duration of Residence in Baltimore. 1117 Maryland ave

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Talbot Co Md.

FULL NAME OF FATHER: William Dorman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Doyle

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Dorman

(Address) No 1117 Marylandave

Filed 10/18 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Oct 17 1907

that I last saw h in alive on Oct 17 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate) Exhaustion

(DURATION) 1 DAY

Contributory (Primary.) Mitral Valvular disease of Heart (DURATION) 3 years DAYS

(Signed) W. J. Kasler M.D.

Address 851 E. W. North ave

Date Oct 18 1907

Place of Burial Bloomfield Station Talbot Co

Date October 19th 1907

Undertaker Felix B Pope

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5688

Ward 14 C 5688 Registered No. B 40 v

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matthew Farrell

{Residence, if in Baltimore, Give Street and Number.} 507 W. Mosher St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Unknown 1847

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Marble Cleaner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Farrell

(Address) 517 Mosher St

Filed 10/18 1907 HARRY O. ANDREWS, PUBLIC CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10-16, 1907

I HEREBY CERTIFY, That I attended deceased from 10-5 1907 to 10-16 1907 that I last saw h im alive on 10-16 1907, and that death occurred, on the date stated above, at 12:15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach

(DURATION) DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp

Date Oct 17 1907

Place of Burial New Cathedral

Date Oct 19th 1907

Undertaker A. Feahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C 5689 Registered No. B C 5689

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Balto & Carrollton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza R. Kraft

{ Residence, if in Baltimore, Give Street and Number. } 1020 N. Mount

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 23 1842

AGE 65 years, 5 months, 23 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER David A Hollingshead

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Jane Garber

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R. Kraft

(Address) 1020 N. Mount St

Filed 10/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Oct 16 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

Cystitis

Paralysis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Bruce Jones M.D.

Address Coroner

Date Oct 17 1907

Place of Burial London Park

Date Oct 18 1907

Undertaker Jas F. Cook

Address 103 E Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 5690 Registered No. B C 5690

IV

CERTIFICATE OF DEATH.

(Place of Death.) No. 301 N. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Isabel Matthews

{Residence, if in Baltimore, Give Street and Number.} 301 N Monroe St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 16 1889

AGE 18 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER Edward Nelson Matthews

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Anna B Webb

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Matthews

(Address) 301 N Monroe St

Filed 10/18 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Oct 17 1907

that I last saw her alive on Oct 17 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary gangrene

& toxaemia

(DURATION) 10 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 50 DAYS

(Signed) H G Beck M.D.

Address 214 E Preston St

Date Oct 18 1907

Place of Burial Mt Olivet Cem

Date Oct 20th 1907

Undertaker Geo J Smith & Co.

Address 1008 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 5691

C 5691

CERTIFICATE OF DEATH.

84

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David 73 Ferguson

{Residence, if in Baltimore, Give Street and Number.} Aged Men's Home

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 6th 1832
AGE	85 years, 11 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore, Co. Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. G. Somers Jr.

(Address) 1400 W. Lexington St

Filed 10/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 17 1907

that I last saw h— alive on Oct 16 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Atheromatous Degeneration of Heart & Arteries

4 yrs (DURATION) DAYS

Con'ributory (Primary.) Asthenia

2 mos (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette

Date Oct 18 1907

Place of Burial Mt Olivet Cem

Date Oct 19 1907

Undertaker Wm J. Smith & Son

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 5692 Registered No. B C 5692

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Magdalena Stephanis

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 62 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 16th 1907

AGE 79 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Stephanis

(Address) 1419 Hanover St

Filed 10/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1907 to Oct 16th 1907

that I last saw her alive on Oct 16th 1907

and that death occurred, on the date stated above, at 12 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

Several Yrs (DURATION) DAYS

Con'ributory (Primary) Asthenia

(DURATION) 10 DAYS

(Signed) H J Carrick M.D.

Address 1417 McCulloh St

Date 1419 Hanover St. Oct 18th 1907

Place of Burial Baltimore Cem

Date Oct 20. 1907

Undertaker Daniel and M. G. Flynn

Address 42 E West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 5693 Registered No. B C 5693

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 East Cross St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emma Augusta Matthews.

{Residence, if in Baltimore, Give Street and Number.} 216 East Cross St.

Duration of Residence in Baltimore. 52 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White.

DATE OF BIRTH November 2nd 1855.

AGE 51 years, 11 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Robert Redman Dixon

BIRTHPLACE OF FATHER (State or country) Westmorland Co. Va.

MAIDEN NAME OF MOTHER Isabelle Travers

BIRTHPLACE OF MOTHER (State or country) Dorchester Co. Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. F. Buxton M.D.

(Address) 222. E. Cross St.

Filed 10/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17th 1907

I HEREBY CERTIFY, That I attended deceased from ~~Sept.~~ October 7th 1907 to October 17th 1907 that I last saw h[er] alive on Oct. 17th 1907, and that death occurred, on the date stated above, at 10:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Typhoid fever.

(DURATION) 49 DAYS

(Signed) G. F. Buxton M.D.

Address 222. East Cross.

Date October 18th 1907

Place of Burial London Park Cem

Date Oct 21. 1907

Undertaker Daniel and M. E. Thyson

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5694

City of Baltimore, (No. 2628, Bernard St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel I. Hanson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July (Month) 12 (Day) 1907 (Year)

AGE: ..... years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Carroll Co. Ind.

FULL NAME OF FATHER: Wm A. Hanson

BIRTHPLACE OF FATHER (State or country): Carroll Co. Ind.

MAIDEN NAME OF MOTHER: A. P. Davis

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Davis

(Address) 2703 Hampden Ave

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 13th 1907 to Oct. 16 1907 that I last saw h er alive on Oct. 16th 1907, and that death occurred, on the date stated above, at 6.50 P.M. The CAUSE OF DEATH was as follows:

Acute Gastro-Enteric Infection

(DURATION) 5 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Harrison G. Cooper M. D.

Oct 17 1907 (Address) 2425 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Pinkneburg cem. 3rd | DATE OF BURIAL: Oct 19 1907

UNDERTAKER: E. D. Selby & Co. | ADDRESS: Residence

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 5695 Registered No. B C 5695

CERTIFICATE OF DEATH.

9 V

(Place of Death.) No. ~~#~~ 2021 Spruce Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A. Kessler

{ Residence, if in Baltimore, Give Street and Number. } 2021 Spruce Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 23rd 1906

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Kessler

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Biedenbach

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kessler

(Address) 2021 Spruce Alley

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to — 190

that I last saw h ~~ive~~ alive on Oct 18 1907,

and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw M. Sinsheimer M.D.

Address 5 N. Washington St.

Date Oct 19th 1907

Place of Burial Lefleget Cemetary

Date October 19th 4 PM 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street

2 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 5696 Registered No. B

CERTIFICATE OF DEATH.

617

(Place of Death.) No. 711 N. Duncan alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Eisel

{ Residence, if in Baltimore, Give Street and Number. } 711 N. Duncan Alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 19- 1903

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Adolph Eisel

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary Kaes

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kaes

(Address) 716 N. Duncan Alley

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17- 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Oct 17 1907

that I last saw h alive on " 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

2 weeks (DURATION) DAYS

Contributory (Primary) Cardiac Insufficiency (DURATION) DAYS

(Signed) W. J. Kyner M.D.

Address 1708 Eastland Ave

Date Oct 18 1907

Place of Burial Patapsco Cemetery

Date October 20th 1907

Undertaker William J. Hartley

Address 2010 E Baltimore st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 5696 Registered No. B C 5697 154

CERTIFICATE OF DEATH.

Place of Death.) No. 115 S. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anne C Kurtz

{ Residence, if in Baltimore, Give Street and Number. } 115 S Payson St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Jan 2 1830

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Gurman

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary A McGuess

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arabelle Kurtz

(Address) 115 S Payson St

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17, 1907

I HEREBY CERTIFY, That I attended deceased from January 1907 to October 17, 1907 that I last saw her alive on Oct 16, 1907, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Old age

(DURATION) ... DAYS

Contributory (Primary.) old age

(DURATION) ... DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor St

Date October 18, 1907

Place of Burial Cathedral

Date Oct 21 1907

Undertaker Wm Cook

Address 502 E Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5698 Registered No. B ..... C 5698

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Frank

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday Supt

(Address) BAY VIEW ASYLUM

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 18 H 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16 1907 to Oct 18 1907

that I last saw him alive on Oct. 18 1907

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Delirium Tremens (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 18 1907

Place of Burial Oakland Cem

Date Oct 20 1907

Undertaker Lowe Coal Co

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 5699 C [redacted] Registered No. B C [redacted]

93 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 1547 Fundsbury place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas F. Weinberg

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 1547 Fundsbury Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 12 1907

AGE: 3 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Abraham Weinberg

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Nannie G Williams

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Weinberg

(Address) 1547 Fundsbury Place

Filed 10/ 190 7 HARRY C. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1907.

I HEREBY CERTIFY, That I attended deceased from Oct. 16 1907 to Oct 18 1907 that I last saw him alive on Oct 18 1907, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

One week (DURATION) 5 DAYS

(Signed) Alex. T. Von Schmz M.D.

Address 1656 N. Gilmor St.

Date Oct. 18 1907

Place of Burial Baltimore Cem

Date Oct 20 1907

Undertaker Wm Boak Co

Address 602 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 12 C [redacted] Registered No. B C [redacted]

C 5700

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence C. Owens

{Residence, if in Baltimore, Give Street and Number.} 1817 Maryland Ave

Duration of Residence in Baltimore. 6 years

11 2 V

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown

AGE 40 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Marshall Shaw

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm J Bartlett

(Address) 1922 W Royal Terrace

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 18 1907 that I last saw h[illegible] alive on Oct 17 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrage

(DURATION) 11 DAYS

Contributory (Primary.)

Hypertrophied Cardiac Dilation (DURATION) 365 DAYS

(Signed) L. E. Brack M.D.

Address 837 N Gay st

Date Oct 18 1907

Place of Burial Westchester Pa

Date Oct 20 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C [redacted] Registered No. B C 5701

CERTIFICATE OF DEATH.

(Place of Death.) No. 941 Harford Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Quirk

{Residence, if in Baltimore, Give Street and Number.} 941 Harford Ave

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Quirk

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Quirk

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Horse Shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Quirk

(Address) 941 Harford Av

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Oct 1907 that I last saw him alive on " 18 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Age & infirmity

(DURATION) DAYS

Contributory (Primary.) Chronic dysentery (DURATION) 30 DAYS

(Signed) Jno. Burke Bay 6 M.D.

Address 104 E. Madison St

Date Oct. 19th 1907

Place of Burial New Cathedral

Date Oct 21st 1907

Undertaker M Flaherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

C 5702

Ward 14

C 5702

Registered No. B

931

CERTIFICATE OF DEATH.

(Place of Death.) No. 1925 Brunt St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Barton

{Residence, if in Baltimore, Give Street and Number.} 1925 Brunt St.

Duration of Residence in Baltimore. 19 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Fenal | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — — —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Gladen Barden

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Katie Barden

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Barden

(Address) 1925 Brunt st

Filed 10/19/07 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1907 to Oct 17 1907

that I last saw h-er alive on Oct 17 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(DURATION) 4 DAYS

Con'tributory (Primary) Pneumonia.

(DURATION) 7 DAYS

(Signed) W. W. Brown M.D.

Address Md. General Hosp.

Date Oct 17 1907

Place of Burial Mt Olivet

Date Oct 19 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5703 Registered No. B C 5703

164 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Jarrett Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Fursedman

{Residence, if in Baltimore, Give Street and Number.} 931 Hopkins Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 25, 1903

AGE 4 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER John Hirschman

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Mary Mandly

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Deacon

(Address) 931 N. Hopkins av

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.03 P. M. CAUSE OF DEATH (Secondary or Immediate

Fracture of Skull (accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.) (accidentally run over by automobile)

..... (DURATION) ..... DAYS

(Signed) Fred Carruthers M.D.

Address Coroners Office

Date Oct 18 07 1907

Place of Burial Oak Lawn

Date Oct 20, 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5704 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 Roseland St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Harrison Pyles.

{Residence, if in Baltimore, Give Street and Number.} 120 Roseland St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 8 1906

AGE ..... years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto, Md.

FULL NAME OF FATHER Francis Pyles.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary E. Brooks.

BIRTHPLACE OF MOTHER (State or country) Essex Co. Va

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Henrietta Brooks.

(Address) 120 Roseland St

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Oct 16 1907

that I last saw h[illegible] alive on Oct 17 1907

and that death occurred, on the date stated above, at 4 45 M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Ileo-colitis

(DURATION) 21 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 5 DAYS

(Signed) H.C. Ferguson M.D.

Address 1006 S. Sharp St

Date Oct 18 1907

Place of Burial Cedar Hill

Date October 20th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 5705 Registered No. B C 5705 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 1234 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J. Alt

{Residence, if in Baltimore, Give Street and Number.} 1234 Riverside Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 7th 1907

AGE: ..... years, 5 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Alt.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Bedr

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Alt

(Address) 1234 Riverside Ave.

Filed 10/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Oct 18 1907 that I last saw him alive on Oct 18 1907, and that death occurred, on the date stated above, at 9:40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 Days 5 DAYS

Contributory (Primary) Cardiac failure

(DURATION) 2 DAYS

(Signed) E. S. Ellis M.D.

Address 915 Light St

Date Oct 18 1907

Place of Burial Holy Cross C. H. Co

Date October 19th 1907

Undertaker Jos. Hinkelbein

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5706

Registered No. B.....

City of Baltimore, (No. 560, Geo. W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanch Pollard,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..2.. (Month) ..... (Day) 1 Year)

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Robison

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lizzie Taylor

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Skipton

(Address) 594 W Preston St

Filed 10/19 1907

DAILY C. ANDREWS, FIRST CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6* 1907 to Oct 17 1907
that I last saw h.er alive on Oct 17 1907,
and that death occurred, on the date stated above, at 7.40 P. M. The CAUSE OF DEATH was as follows:

Abcess of lung due to infection of Puerperal origin (Sept 6th 07, Confinement)

(DURATION) 30 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Chas. J. Keller, M. D.

Oct 17 1907 (Address) 122 W Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 20 1907
UNDERTAKER	ADDRESS
Alex H. Grimley	574 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 Registered No. B C 5702 1

CERTIFICATE OF DEATH.

(Place of Death.) No. Municipal Home for the Aged St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary N. Thompson

{Residence, if in Baltimore, Give Street and Number.} Franklin & Fulton

Duration of Residence in Baltimore. 63 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Not known

AGE Abt 90 yrs. years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER X

BIRTHPLACE OF FATHER (State or country) X

MAIDEN NAME OF MOTHER X

BIRTHPLACE OF MOTHER (State or country) Harford Co.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Maginnis

(Address) Franklin & Fulton ave

Filed 10/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Oct 17 1907

that I last saw h-- alive on Oct 17 1907,

and that death occurred, on the date stated above, at X

X M. CAUSE OF DEATH (Secondary or Immediate)

Senerel infirmities of Abnt aged age. (DURATION) 90 yrs. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin Murray M.D.

Address 1321 N. Lafayette

Date Oct 19 1907

Place of Burial Mount Olivet Cemetery

Date Oct 21st 1907

Undertaker George J. Smith Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C 5708 Registered No. B C 5708

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1904 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan H Collins

{Residence, if in Baltimore, Give Street and Number.} 1904 W. Fayette St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 5 1829

AGE 78 years, 3 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Joseph Collins

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary C Bowden

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Herman Craig

(Address) 1907 W Fayette St

Filed 10/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 18 1907

that I last saw h.. alive on Oct 17 1907

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Enteritis (DURATION) 6 DAYS

Contributory (Primary) acute

(DURATION) DAYS

(Signed) Fred D Blades M.D.

Address 1014 W Lafayette Ave

Date Oct 18 1907

Place of Burial Louden Park

Date October 21 1907

Undertaker Jos B. Cooke

Address 613 W Balto St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 5709 Registered No. B C 5709

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresie Warczynski

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 17 1906

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Warczynski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josefa Beyer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Warczynski

(Address) 1709 Lancaster St

Filed 10/19 1907 HARRY J. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17 1907

I HEREBY CERTIFY, That I attended deceased from October 10 1907 to October 17 1907 that I last saw her alive on October 17 1907, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 14 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 6 DAYS

(Signed) S. S. Szmurlo M.D.

Address 722 S. Ann St

Date October 18 1907

Place of Burial Holy Rosary

Date Saturday Oct 19 1907

Undertaker M. F. Sadowski

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 544 Orchard St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Sarah E. Brown C 5710

{Residence, if in Baltimore, Give Street and Number.} 544 Orchard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Brown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estin Dungee

(Address) 544 Orchard St.

Filed Oct 9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Apoplexy

died Suddenly (DURATION) DAYS

Contributory (Primary.) acute Indigestion (DURATION) DAYS

(Signed) Dr. W. Blackwood M.D.

Address 700 Light St. (Corner)

Date October 14th 1907

Place of Burial Laurel

Date Oct 21 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. B

CERTIFICATE OF DEATH. 271

(Place of Death.) No. 201 N Spring St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. M. Jones

{ Residence, if in Baltimore, Give Street and Number. } 201 N Spring St

Duration of Residence in Baltimore. Life C 5711

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR B

DATE OF BIRTH ..... 1 .....

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George M. Jones

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Harman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Jones

(Address) 201 N Spring St

Filed Oct 19 1907

HARRY C. ANDREW, PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Phthisis Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo. Cummings M.D.

Address Coroner

Date Oct 16 1907

Place of Burial Asbury

Date Oct 19 1907

Undertaker O. F. Goldsmith

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5712

Registered No. B .....

City of Baltimore, (No. 1722, Mc Cubbin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Masie Fleet

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 11 years, 11 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Benj Fleet

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Baynard

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fleet

(Address) 1722 Mc Cubbin St

Filed Oct 19 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sep 9 1907 to Oct 16 1907 that I last saw her alive on Oct 14 1907, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Acute Tuberculosis

about 2 Months (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter W. White M. D.

Oct 17 1907 (Address) 1101 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: Oct 19 1907

UNDERTAKER: H Hallett | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Laib

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5713

Registered No. B

City of Baltimore, (No. Franklin Ly Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benj Carlton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: — (Month) — (Day) 1875 (Year)

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va "

FULL NAME OF FATHER: Billy Carlton

BIRTHPLACE OF FATHER (State or country): Va "

MAIDEN NAME OF MOTHER: Lizzie Williams

BIRTHPLACE OF MOTHER (State or country): Va "

OCCUPATION OF DECEASED: Labr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Williams

(Address) 532 N Bond St

Filed Oct 19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1907 to Oct 18th 1907

that I last saw h[e] alive on Oct 18th 1907

and that death occurred, on the date stated above, at 7 30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) Ernest L Mortimer M. D.

Oct 18th 1907 (Address) 1251 Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Conf Cor B&O RR How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death? Camp Cor B&O RR

PLACE OF BURIAL OR REMOVAL: King William Co Va Lester manner. West Point Wholt

DATE OF BURIAL: Oct 19 1907

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 5714 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph Damico

{Residence, if in Baltimore, Give Street and Number.} 1 Broad Alley.

Duration of Residence in Baltimore. Supposed

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Mch 31 1907
AGE	6 years, 7 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/19/ 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Oct 8 1907

that I last saw him alive on Oct 7 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION)

Con'tributory (Primary.)

(DURATION)

(Signed) E. L. Layman M.D.

Address 1230 N Eutaw

Date 10-19-07

Place of Burial New Cathedral

Date October 19

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5715

Ward 14 Registered No. B 1460

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Johnson

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: W.
DATE OF BIRTH: Nov. — 1905	
AGE: 1 year, 11 months, ~~11~~ days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/19 1907 HARRY C. ANDREWS, PERMIT Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Oct 18 1907

that I last saw h[illegible] alive on Oct 17 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Rickets

(DURATION) DAYS

(Signed) E. H. Kaywood M.D.

Address 1230 N Caroline

Date Oct 18 1907

Place of Burial New Cathedral

Date October 19 1907

Undertaker Warren Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 5716 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Orphan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Norris

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Oct 1 1907
AGE	..... years, ... months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/19" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 17 1907

that I last saw h.. alive on Oct 16 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. H. Bayard M.D.

Address 1230 N Carrollton

Date 10 — 18 1907

Place of Burial New Cathedral

Date October 19 1907

Undertaker Martin Tabler & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 West C 5717 Registered No. B

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1161 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ann Koerner

{Residence, if in Baltimore, Give Street and Number.} 1161 Cleveland St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W'd

DATE OF BIRTH Sept 26 1826

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Thomas Bauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Ann Bauer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Koerner

(Address) 1161 Cleveland st

Filed 10/19 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 17 1907

that I last saw h-s alive on Oct 17 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Atheroma Heart

Asthenia

3y 8m

3y 8m (DURATION) DAYS

Con'ributory (Primary.) Asthenia

2 mos (DURATION) DAYS

(Signed) H Norwood M.D.

Address 939 W Fayette St

Date Oct 17 1907

Place of Burial St. Alphonsus Cemetery

Date Oct. 21 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 5718 Registered No. B C 5718

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Parr

{Residence, if in Baltimore, Give Street and Number.} 1122 N. Port St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph P. Parr

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Ellen Nash

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph P. Parr

(Address) 1122 N. Port St

Filed 10/19 1907 HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 18 1907

that I last saw h alive on Oct 18 1907

and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Septicemia

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 14 DAYS

(Signed) J. J. O'Connor M.D.

Address St Joseph's Hospital

Date Oct 19 1907

Place of Burial Holy Redeemer

Date Oct 21 1907

Undertaker Grant Enoch

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45 V

CERTIFICATE OF DEATH. C 5719

Registered No. B.....

City of Baltimore, (No. 709 Harlem ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Reis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John M Reis

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josphine K Reis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfonso Reis

(Address) 709 Harlem ave

Filed 10/19" 190 7

HARRY C. ANDREWS,
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 19 (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from June 190 7 to Oct 19 190 7

that I last saw her alive on Oct 17 190 7,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Carcinoma head of Pancreas (DURATION) DAYS

Contributory Exhaustion (DURATION) 8 DAYS

(Signed) J J Kirby M. D.

Oct 19 190 7 (Address) 110 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 10/21 190 7

UNDERTAKER: Wm J Schellin — ADDRESS: 98 Poppleton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 5720 Registered No. B C 5720

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 Druid Hill Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of George D & Hemmia Jenifer

{ Residence, if in Baltimore, Give Street and Number. } 2111 Druid Hill Ave.

Duration of Residence in Baltimore. One half hour.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Oct 18th 1907

AGE 1/2 Hour.
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER George D. Jenifer

BIRTHPLACE OF FATHER (State or country) Pine Bluff Arkansas

MAIDEN NAME OF MOTHER Hemmia Gavin

BIRTHPLACE OF MOTHER (State or country) Raleigh N Carolina

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George D. Jenifer

(Address) 2111 Druid Hill Ave

Filed 10/19 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1907 to Oct. 18 1907 that I last saw her alive on Oct. 18 1907 and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (8 mos.)

(DURATION) DAYS

Contributory (Primary.) Mother has Nephritis.

(DURATION) DAYS

(Signed) Wm. H. Myer M.D.

Address 1373 N. Carey St

Date Oct. 19 1907.

Place of Burial Mt Auburn

Date Oct 19 1907

Undertaker Hammett & Wright

Address 1364 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 Registered No. B C 5721

156 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2244 E North Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John P. Byrnes

{Residence, if in Baltimore, Give Street and Number.} 2244 E North Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ... 1 ...

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Barkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E J Weidefeld Jr

(Address) 2113 Greenmount Ave

Filed Oct 19 1907 (CHAS. J. ANDREWS PERMIT CLERK.) Registrar

C & C C E

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate

Suicide by Gas

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Fred'k Carruthe M.D.

Address Coroner

Date Oct 17 — 1907

Place of Burial Texas Md

Date Oct 20 1907

Undertaker E J Weidefeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 5722 Registered No. B C 5722

CERTIFICATE OF DEATH.

(Place of Death.) No. 634 W. LaFayette Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachael A. Brown

{Residence, if in Baltimore, Give Street and Number.} 634 W. LaFayette Ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 23rd 1826

AGE: 81 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob Jeans

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Martha Duvall

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. F. Brown

(Address) 634 LaFayette Ave

Filed 10/20 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

1907 #1 = 6

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16 1907 to Oct 18 1907

that I last saw h[illegible] alive on Oct 17 1907

and that death occurred, on the date stated above, at 8:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Cancer of Liver (DURATION) DAYS

(Signed) Wm S Fox M.D.

Address 836 W. North Ave

Date Oct 19 1907

Place of Burial Loudon Park

Date Oct. 20 1907

Undertaker Horace Burgess

Address 3631 Falls Road

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Harvey

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M'd Single

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: William Harvey

BIRTHPLACE OF FATHER (State or country): Harford County Md

MAIDEN NAME OF MOTHER: Lucy Harvey

BIRTHPLACE OF MOTHER (State or country): Harford County Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Harvey

(Address) 541 Orchard st

Filed 10/20 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28 1907 to Oct. 18 1907

that I last saw h-im alive on Oct. 18 1907

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 19 1907

Place of Burial Locust Cemetery

Date Oct 20 1907

Undertaker John H Owens Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 5724 Registered No. B C 5724

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Madison St. Waverley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Joseph Johnson

{Residence, if in Baltimore, Give Street and Number.} 509 Madison St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 16th 1907

AGE — years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Irvin H. Johnson

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Margaret Horton

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irvin H. Johnson

(Address) 509 Madison St

Filed 10/20 1907 Registrar

HARRY C. ANS... PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1907 to Aug. 19 1907

that I last saw h— alive on Aug. 18 1907

and that death occurred, on the date stated above, at 5 G

M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

1 week (DURATION) DAYS

Contributory (Primary) Congenital debility

2 weeks (DURATION) DAYS

(Signed) John D. Kelly M.D.

Address 425 Fonsuch ave

Date Aug. 19 1907

Place of Burial Old Methodist

Date Oct 20th 1907

Undertaker Albert F Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5725 Registered No. B C 5725

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Roan Caldwell

{Residence, if in Baltimore, Give Street and Number.} 1407 Jackson St

Duration of Residence in Baltimore. 1 yr 4 mo 2 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Oct 18 1907

AGE 1 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER Wm. Caldwell

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Catharine Wallis

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Caldwell

(Address) 1407 Jackson St

Filed 10/20 1907 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Oct 18 1907 that I last saw h. alive on Oct 18 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 9 DAYS

(Signed) Le. A. Delaney M.D.

Address 435 E. Fort Ave

Date Oct 18 1907

Place of Burial Cedar Hill

Date Oct 20 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5726 Registered No. B C 5726

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Watson al. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name, Raymond Holland

{Residence, if in Baltimore, Give Street and Number.} 1138 Watson Al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Ragan Holland

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Holland

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Bishop

(Address) 1107 Druid Hill ave.

Filed 10/20 1907

HARRY S. ANDREWS PERMIT

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.2 P. M. CAUSE OF DEATH (Secondary or Immediate

Meningitis

from Tuber (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Brian Blackstone M.D.

Address 700 Lafayette Ave

Date October 19th 1907

Place of Burial Laurel Cemetery

Date Oct 20th 1907

Undertaker J. A. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C 5727 Registered No. B C 5727

CERTIFICATE OF DEATH.

3/ V-

(Place of Death.) No. 1109 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John B. Wood

{Residence, if in Baltimore, Give Street and Number.} 1109 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col'd

DATE OF BIRTH: Dec 31 at 1846

AGE: 18 years, 9 months, 10 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward Wood

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Ward

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Evans

(Address) 1107 Druid Hill Ave

Filed 10/20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18 1907

I HEREBY CERTIFY, That I attended deceased from February 1907 to Oct. 14 1907 that I last saw him alive on Oct. 14 1907 and that death occurred, on the date stated above, at 12-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Primary Cause Scrofula, Spinal disease, Immediate Cold abscess in back of Thigh — Eight Months (DURATION) DAYS

Con'ributory (Primary.) (DURATION) DAYS

(Signed) W L Morgan M.D.

Address 202 West Franklin St

Date Oct. 19th 1907

Place of Burial Laurel ~~Federal~~ Cemetery

Date Oct 21st 1907

Undertaker John A. Burch

Address 1617 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5728 Registered No. B C 5728

CERTIFICATE OF DEATH.

(Place of Death.) No. 303 N. Schroeder St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harry Hartley

{Residence, if in Baltimore, Give Street and Number.} 303 N. Schroeder.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 15. 1907

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Thomas Hartley

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Martha Hannigan

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Boiler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Hartley

(Address) 303 N Schroeder

Filed 10/20 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17 1907 to Oct 17 1907 that I last saw him alive on Oct 17 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) ? DAYS

Con'ributory (Primary.) Tuberculosis

(DURATION) ? DAYS

(Signed) F. M. Sammis M.D.

Address Balto Gen Disp

Date 10-19-7 1907

Place of Burial Western Cem

Date October 21 1907

Undertaker Jos B Cook

Address 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5729 Registered No. B ..... C 5729

CERTIFICATE OF DEATH.

(Place of Death.) No. 1020 Shields Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Bianca Cannyer

{Residence, if in Baltimore, Give Street and Number.} 1020 Shields Alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: — 1894

AGE: 13 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Adline Cannyer

(Address) 1020 Shields Alley

Filed 10/20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 19 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 19 1907

that I last saw h[illegible] alive on Oct 19 1907

and that death occurred, on the date stated above, at 3 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Double Lobar Pneumonia

(DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Thieme M.D. M.D.

Address 901 Myrtle Ave

Date Oct. 19 1907

Place of Burial St Peters Cemetery

Date October 21 1907

Undertaker Felix J Pyle

Address 1020 Mulberry St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. B ..... C 5730

C 5730

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 N. Bond st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank F. Petrau

{ Residence, if in Baltimore, Give Street and Number. } 921 N. Bond st

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. White

DATE OF BIRTH: ..... 1 .....

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia.

FULL NAME OF FATHER: Frank Petrau

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Saloonkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jan Stocek

(Address) 505 N. Madison st

Filed 10/20 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1907 to Oct 15 1907

that I last saw h.. alive on Oct 15, 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) G. W. Delk M.D.

Address 2203 N. Charles St.

Date October 20, 1907.

Place of Burial Holy Redeemer

Date Oct 21 1907

Undertaker Frank Brach

Address 1914 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SAFETY FILM

Ward ..... C 5731 Registered No. B .....

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Alexander

{ Residence, if in Baltimore, Give Street and Number. } 14 N Durham St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Frederick Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Patty Roy

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar Hall

(Address) 14 N Durham St

Filed 10/20 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 17 1907

that I last saw h.. alive on Oct 16 1907

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

1 (DURATION) DAYS

Con'ributory (Primary) Hemiplegia

(DURATION) DAYS

(Signed) L. L. Gipe M.D.

Address 13 E Lee St

Date Oct. 18 1907 ✓

Place of Burial Laurel

Date October 20th 1907

Undertaker R. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5732 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John T. Bradley

{Residence, if in Baltimore, Give Street and Number.} Loreley, Balto Co. Md.

Duration of Residence in Baltimore. Non resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Aug 13, 1864

AGE: 43 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): D C.

FULL NAME OF FATHER: Patrick Bradley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hammond

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: Farmer (Sewer Const)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph P. Bradley

(Address) Loreley, Balto Co Md

Filed 10/20" 1907 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 - 1907

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to Oct 20 190

that I last saw h — alive on 190

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from perforating intestine rupture - Basket accidentally falling on him (DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D Harlan M.D.

Address 1216 N. Carrollton Ave

Date Oct. 20 - 1907

Place of Burial Loreley Balto. Co. Md.

Date Oct. 21st 1907

Undertaker Jenkins John H. Teufel.

Address 801 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C 5733

67V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Kirby

{ Residence, if in Baltimore, Give Street and Number. } 1006 York Rd.

Duration of Residence in Baltimore. 18 Mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 16 1871

AGE 36 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Thos L Kirby

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary V. Lawrence

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Kirby

(Address) 1006 York Road

Filed Oct 21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19- 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 19 1907

that I last saw ~~him~~ alive on Oct 18 1907,

and that death occurred, on the date stated above, at 5

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paresis

Duration of illness about 3 Yrs.

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Oct 29- 1907

Place of Burial Bonnie Blue

Date Oct 21" 1907

Undertaker W. F. Burkhardt & Son

Address Caroline & Pratt Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 47 C 5734 Registered No. B C 5734

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Kofinsky

{ Residence, if in Baltimore, Give Street and Number. } Philadelphia Road. Balto Co Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, 11 months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Infant

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Michel Kofinsky

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr M Harbinsky.

(Address) Orange Sillo Balto Co

Filed 10/21" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16 1907 to Oct 18 1907

that I last saw h-- alive on Oct 18 1907

and that death occurred, on the date stated above, at 11 ?.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con'ributory (Primary) Inanition

(DURATION) DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Oct 20 1907

Place of Burial 5th Reformed Ch

Date Oct 21st 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5735

City of Baltimore, (No. 306 N. Pine St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Daisy Pennington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Julious Pennington

BIRTHPLACE OF FATHER (State or country): N. Caroline

MAIDEN NAME OF MOTHER: Martha Knight

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julious Pennington

(Address) 306 N Pine St

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 20 1907

that I last saw her alive on Oct 18 1907,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Epithelioma Bronchitis

(DURATION) 10 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. F. Forsonoke M. D.

Oct 20 1907 (Address) 257 N Schroeder

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 21 1907

UNDERTAKER: Felix B. Pye

ADDRESS: 102 E Baltimore St

WM. J. C. DULANY CO., Baltimore.

Ward 6 — C 5736 — Registered No. B C 5736

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 Chestnut St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ann Maria Williams

{Residence, if in Baltimore, Give Street and Number.} 102 Chestnut St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Brown

DATE OF BIRTH: Sept 24th 1863

AGE: 44 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Patterson

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Grace Brown

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] E. Mark Sm

(Address) 102 Chestnut St

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12th 1907 to Oct 18th 1907 that I last saw h[illegible] alive on Oct 15 1907, and that death occurred, on the date stated above, at 9.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Haemiplegia Pontal
Paralysis - Exhaustion

(DURATION) DAYS

Contributory (Primary.) Heat Overcome

(DURATION) DAYS

(Signed) W. W[illegible] M.D.

Address 1220 E. Fayette St

Date Oct. 20th 1907

Place of Burial Salisbury Md

Date Oct 20 1907

Undertaker R. S. L. Miller

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5737

City of Baltimore, (No. 1608 N Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Mildred Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	March 31st 1907 (Month) (Day) (Year)
AGE	~~years~~, 6 months, 18 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Balto City. Md.
FULL NAME OF FATHER	Stanley Johnson
BIRTHPLACE OF FATHER (State or country)	Charles County Md.
MAIDEN NAME OF MOTHER	Mary Amanda Butler
BIRTHPLACE OF MOTHER (State or country)	Charles County Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Butler

(Address) 1608 N Bruce St

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 19th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1907 to Oct 19th 1907 that I last saw her alive on Oct 19th 1907, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Bronchitis 2 mos (DURATION) DAYS

Contributory Anaemia & Mal Nut (DURATION) DAYS

(Signed) John T. Ruby, M. D.

Oct 19 1907 (Address) 212 S. N. Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Oct 21 1907
UNDERTAKER	**ADDRESS**
Wm J. Johnson	614 Baker

WM. J. C. DULANY CO., BALTIMORE.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 5738

City of Baltimore, (No. 1538, Wards St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Grotte

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 52 years, — months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis grotte

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Riva Stergel

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Leon Grotte

(Address) 1538 Druid st

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Oct. 20 1907 that I last saw h— alive on Oct 20 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Debility

..... (DURATION) ..... DAYS

Contributory Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) H. G. Barrett M. D.

Oct. 20 1907 (Address) 16 W Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Cemetery

DATE OF BURIAL: Oct 21 1907

UNDERTAKER: Mayer Levinson

ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1734

CERTIFICATE OF DEATH. C 5739

Registered No. B.....

City of Baltimore, (No. 1717, Riggs ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Elizabeth Marshall
Married name was Bond

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1852 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Widowed~~ Divorced

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm Marshall

BIRTHPLACE OF FATHER (State or country): Engl

MAIDEN NAME OF MOTHER: Ann E. McCaslin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo McCaslin

(Address) 1742 E ~~Lafayette~~ Fayette ave

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 18 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from several weeks 190 to Oct 18 1907

that I last saw her alive on Oct 18 1907,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

~~Insanity~~

Exhaustion (DURATION) 10 DAYS

Contributory Inanition

(DURATION) 30 DAYS

(Signed) B. C. Catlin M. D.

Oct 18 1907 (Address) 1404 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ~~Not known~~

PLACE OF BURIAL OR REMOVAL: St Marys Cemetery — DATE OF BURIAL: Oct 21 1907

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 5740 Registered No. B C 5740

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 345 Forrest Str St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name—Dora Yaffe

{Residence, if in Baltimore, Give Street and Number.} 345 Forrest St.

Duration of Residence in Baltimore. 18 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr. 1833

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Barnet Slavin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Slavin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Yaffe

(Address) 345 Forrest St.

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20th. 1907.

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to Oct 20th 1907.

that I last saw her alive on Oct. 20th 1907.

and that death occurred, on the date stated above, at 3 p.m.

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(Chronic Interstitial pneumonia)

(DURATION) — DAYS

Con'tributory (Primary.) Chronic pneumonia

(DURATION) 250 DAYS

(Signed) H. J. Adler M.D.

Address 1616 E. Balto. St.

Date Oct. 20th. 1907

Place of Burial Bonn Dale Cemetery Md.

Date Oct 21, 1907

Undertaker Max Levinson

Address 1620 no Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 5741 Registered No. B C 5741

105 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Rosea

{ Residence, if in Baltimore, Give Street and Number. } 821 Greenmount Ave.

Duration of Residence in Baltimore. 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Baltimore

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Sam Rosea

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sopia Shlomatzyn

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Rosea

(Address) 821 Greenmount Ave

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 20 1907

that I last saw h~~im~~ alive on Oct 20 1907,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 days

Contributory (Primary.) Intestinal Inflammation (DURATION) DAYS

(Signed) Chas Bagley Jr. M.D.

Address Selected Above

Date Oct 21-07 1907

Place of Burial Rosedale Cemetery Holmes

Date Oct 21, 1907

Undertaker Max Lennstrom

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 5742 Registered No. B C 5742

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John D Stockadel

{Residence, if in Baltimore, Give Street and Number.} 410 N. Caroline St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 21st 1870

AGE: 37 years, 5 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James D Stockadel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna E Lauster

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Diedeman

(Address) 2302 E Preston

Filed 10/21 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1907 to Oct. 19th 1907 that I last saw him alive on Oct. 19th 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Uremia~~ Heart failure

(DURATION) 3 DAYS.

Contributory (Primary) Cirrhosis of Kidneys, Nephritis

Aortic + Mitral Regurgitation (DURATION) 12 mos DAYS.

(Signed) A. F. Rice M.D.

Address 213 S. Bond St.

Date Oct 19th 1907

Place of Burial Baltimore Cemetery

Date October 22nd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

HARRY O. ANDREWS, PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5743 Registered No. B C 5743

630

CERTIFICATE OF DEATH.

(Place of Death.) No. 250 S Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christian Sohns

{ Residence, if in Baltimore, Give Street and Number. } 250 S. Regester

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 1 1850

AGE: 57 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Moritz Sohns

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Müller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. M. Herchinger

(Address) 250 S. Regester St.

Filed 10/21 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 18 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 29 1907 to Oct 17 1907 that I last saw him alive on Oct 17 1907 and that death occurred, on the date stated above, at 9.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Extreme emaciation, Exhaustion.

(DURATION) 15 DAYS

Contributory (Primary) Progressive muscular atrophy (DURATION) 100 DAYS

(Signed) Pierre G. Dausel, M.D.

Address 121 Jackson Square

Date Oct. - 20 - 1907

Place of Burial Trinity M. Cemetery

Date Oct 21 1907

Undertaker Louis Freeman

Address 32 S Broadway

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C 5744 Registered No. B 94

CERTIFICATE OF DEATH.

(Place of Death.) No. 1131 S Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonza L. Ford.

{Residence, if in Baltimore, Give Street and Number.} 1131 S. Sharp St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Feb 15 1

AGE 3 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Alonza L Ford

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ida McRichie

BIRTHPLACE OF MOTHER (State or country) Washington D C

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Richie

(Address) 1131 Sharp St

Filed 10/21 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1907.

I HEREBY CERTIFY, That I attended deceased from Oct. 9 1907 to Oct. 16 1907.

that I last saw h in alive on Oct 16 1907,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Contributory (Primary) Empyema DURATION DAYS

(Signed) Chas E Reese M.D.

Address 653 S. Sharp St.

Date Oct. 19. 07. 190

Place of Burial London Park

Date October 21 190

Undertaker John E Evans & Son

Address 1436 S Charles St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 5745 Registered No. B C 5745

924

CERTIFICATE OF DEATH.

(Place of Death.) No. 441 W. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah A Lee

{Residence, if in Baltimore, Give Street and Number.} 441 W. Conway St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr Hall

(Address) 441 Conway St

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 18 1907

that I last saw h[illegible] alive on Oct 18 1907

and that death occurred, on the date stated above, at 1.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.) Senile Failure

(DURATION) 7 DAYS

(Signed) C. H. Fowler M.D.

Address 712 S. Stricker

Date Oct 18 1907

Place of Burial Laurel [illegible]

Date Oct 21 1907

Undertaker R. St. C. Hall

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5746 Registered No. B C 5746

1516

CERTIFICATE OF DEATH.

(Place of Death.) No. Old York Rd & Wyonoke ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Morris F Bittle.

{Residence, if in Baltimore, Give Street and Number.} Old York Rd & Wyonoke ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 20 1907

AGE — years, — months, 6 hours days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Morris F Bittle

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lydia E O'Brian

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris F Bittle

(Address) Old York Rd & Wyonoke ave

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1907 to Oct. 20 1907 that I last saw him alive on Oct. 20 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) 6 hours DAYS

Contributory (Primary) Premature Birth (DURATION) 6 hours DAYS

(Signed) H C Howard M.D.

Address St. & Howards Balto Md

Date Oct 20 1907

Place of Burial St Marys Govanstown

Date October 21st 1907

Undertaker Wm Cook

Address 501 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 5747 Registered No. B C 5747

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Barnes

{Residence, if in Baltimore, Give Street and Number.} 333 W Hamburg St.

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18. 1907

I HEREBY CERTIFY, That I attended deceased from June 1. 1907 to Oct. 18. 1907

that I last saw her alive on Oct. 18 1907 11:30

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 6 DAYS

Contributory (Primary.) Tuberculous pneumonia (DURATION) 24 DAYS

(Signed) H M Amrhein M.D.

Address Bay View Asylum

Date October 18, 1907

Place of Burial Mt. Olivet Cem.

Date Oct 21 1907

Undertaker J. A. Schlicht

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 5748 Registered No. B C 5748

CERTIFICATE OF DEATH.

(Place of Death.) No. 2956 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie N. Keller

{ Residence, if in Baltimore, Give Street and Number. } 2956 Cedar Ave

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX For Male | COLOR White

DATE OF BIRTH Apr 9 1885

AGE 22 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER Levi Keller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Daub

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Levi Keller

(Address) 2956 Cedar Ave

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Oct 19 1907

that I last saw h in alive on Oct 19 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sloughing of sacral and Gluteal region due to paraplegia resulting from (DURATION) 57 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 30 DAYS

(Signed) E. B. Noumeat M.D.

Address 3543 Chestnut Ave

Date 190

Place of Burial Loudon Park

Date Oct 21 1907

Undertaker A. S. Ulman Sons

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5749

Registered No. B .....

City of Baltimore, (No. 412, Stab St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nickolas Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (?)

BIRTHPLACE (State or country): Fred Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/21 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h..... alive on ..... 190 ....., and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH was as follows:

Heart Disease

Sudden (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) R. Mauley M. D.

Oct 17 1907 (Address) Coron

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: PUBLIC CEMETERY. DATE OF BURIAL: OCT 18 1907

UNDERTAKER: Commissioner Healt ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 5750 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Orleans St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Smith

{ Residence, if in Baltimore, Give Street and Number. } 1434 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ... 1 ...

AGE ... X ... years, ... X ... months, 35 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion (Suicide)

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date Oct 17 —07 190

Place of Burial PUBLIC CEMETERY.

Date OCT 18 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24th — C 5751 — Registered No. B ✓

CERTIFICATE OF DEATH. 17²

(Place of Death.) No. Found floating at Elevator 6 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown supposed to be Chas. Lind

{ Residence, if in Baltimore, Give Street and Number. } Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE about 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Coroner W. H. Leonhardt

(Address)

Filed 10/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found October 12 190 ✓

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas W. Leonhardt M.D.

Address Coroner

Date Oct 15 ✓ 190

Place of Burial PUBLIC CEMETERY.

Date OCT 18 1907 190

Undertaker Commissioner Health

Address Health Department

City to bury Body at the Morgue ✓

WM. J. C. DULANY CO., BALTIMORE

233

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 31

C 5752 Registered No. B C 5752

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of East Lake ave St.

Full Name Mrs Mauer

{ Residence, if in Baltimore, Give Street and Number. }

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 2 mos 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/21 1907

CASEY A. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

accidental drowning

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene St

Date

Place of Burial PUBLIC CEMETERY 190

Date OCT 18 1907 190

Undertaker Commissioner Health 190

Address Neall Dept Health

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the said case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5753

Registered No. B .....

City of Baltimore, (No. 1403 Jefferson St 516 N. Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Earle Gibbs,

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: B

DATE OF BIRTH: 8 (Month) 20 (Day) 1907 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jos. Gibbs

BIRTHPLACE OF FATHER (State or country): ~~Jos. Gibbs~~ Baltimore

MAIDEN NAME OF MOTHER: Emma Priell

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) JOHNS HOPKINS HOSPITAL

Filed 10/21 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 10/8 1907 to 10/18 1907 that I last saw h~~im~~ alive on Oct 12 1907, and that death occurred, on the date stated above, at 6-45 A. M. The CAUSE OF DEATH was as follows:

Malnutrition

(DURATION) 30 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) R. M. Chapman M. D.

10/18 1907 (Address) J. H. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: Oct 19 1907

UNDERTAKER: Commissioner Health,

ADDRESS: Health Dept.

W

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 5754

City of Baltimore, (No. 1014 Clifton Pl St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James McCaffrey

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Jan 1th (Month) (Day) 1866 (Year)

AGE: 41 years, 10 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John McCaffrey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eathern Brady

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Mon

(Address) 1014 Clifton Place

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Oct 20 1907 that I last saw h[illegible] alive on Oct 20 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory Glanders

(DURATION) DAYS

(Signed) Wm B Perry M. D.

Oct 20 1907 (Address) 716 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Charles Pikesville — DATE OF BURIAL: Oct 22 1907

UNDERTAKER: H. C. Wildfeld — ADDRESS: 914 Fremont Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 5755 Registered No. B ..... C 5755

CERTIFICATE OF DEATH.

42 V

(Place of Death.) No. 2731 Boston St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M Butcher

{ Residence, if in Baltimore, Give Street and Number. } 2731 Boston St

Duration of Residence in Baltimore. 23 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 29th 1853

AGE 54 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Butcher

(Address) 2731 Boston St.

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18/07 — 190

I HEREBY CERTIFY, That I attended deceased from May — 1906 to Oct 18 — 1907 that I last saw h — alive on Oct 17 — 1907, and that death occurred, on the date stated above, at 1.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Coronary Uremia —

1 1/2 yrs —

(DURATION) DAYS

Contributory (Primary) Gunshot Wound

(DURATION) DAYS

(Signed) J E Mumma M.D.

Address 1250 Riley —

Date Oct 21 1907

Place of Burial Loudon Park Cem

Date Oct 21 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Balto Sts. and 1705-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5756 Registered No. B

CERTIFICATE OF DEATH.

741

(Place of Death.) No. 1308 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan J Morris

{Residence, if in Baltimore, Give Street and Number.} 1308 Gough C5756

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX f. | COLOR W.

DATE OF BIRTH 1

AGE 79 years, 10 mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Isaac

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. M. Morris

Address 1308 Gough St.

Filed 10/21 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Oct 18 1907 that I last saw her alive on Sept 5 1907, and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J T Spicknall M.D.

Address 14 N Patterson Pk Ave

Date Oct 20 1907

Place of Burial Baltimore Md

Date Oct. 21 1907

Undertaker Hrudell Eikel Co

Address 330 S. Bond St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th C 5757 Registered No. B C 5757

CERTIFICATE OF DEATH.

(Place of Death.) No. 854 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Lennon

{Residence, if in Baltimore, Give Street and Number.} 854 S. Dallas st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Jan. 12th. 1869

AGE 38 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Andrew Funk

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph P. Lennon

(Address) 854 S. Dallas st.

Filed 10/21 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 — 1907

I HEREBY CERTIFY, That I attended deceased from May — 1907 to Oct - 20 1907 - that I last saw h alive on Oct - 18 1907, and that death occurred, on the date stated above, at 6:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmon. Tuberculosis —

6 mos. (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Wm. A. Brumer M.D.

Address 125 S. Bond

Date Oct 21/07 1907

Place of Burial German Reformed Cem

Date Oct 23 1907

Undertaker Wendell Lippard & Son

Address 330 S. Bond.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5758

City of Baltimore, (No. 650, N. Bond St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Margaret E. Crowe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August (Month) 25 (Day) 1882 (Year)

AGE: 25 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: W. N. R. Crow

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Margaret A Crow

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F R Crow

(Address) 650 N Bond St

Filed 10/21/1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 20½ (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Oct 20 1907 that I last saw h Er alive on Oct 19 1907, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulm

Five mos. (DURATION) DAYS

Contributory Pneumonia

(DURATION) DAYS

(Signed) Joseph Blum M. D.

Oct 20 1907 (Address) 816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: 10-22 1907

UNDERTAKER: Geo Tull

ADDRESS: 807 Ridgely St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C 5759 Registered No. B 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa J. Lacey

{Residence, if in Baltimore, Give Street and Number.} 1400 N. Bethel st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 13 1907

AGE ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Stewart Lacey

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Nellie Hibbs

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stewart Lacey

(Address) 1400 N. Bethel St

Filed 10/21 1907 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 19th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 19 - 1907 to Oct. 19 - 1907 that I last saw her alive on Oct. 19 - 1907, and that death occurred, on the date stated above, at 6.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

28 hours. (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date October 20th 1907

Place of Burial MT. CARMEL CEMETERY.

Date OCT 21 1907 190

Undertaker Christian Miller.

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5760 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 N Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph L Rae

{Residence, if in Baltimore, Give Street and Number.} 221 N. Rose st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 19th 1907

AGE: ..... years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Rae

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Eckstorm

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rae

(Address) 221 N. Rose st

Filed 10/21/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16th 1907 to Oct 20 1907

that I last saw him alive on Oct 19 1907,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Cerebral)

(DURATION) 4 DAYS

Contributory (Primary.) Fall on head (accidental)

(DURATION) 4 DAYS

(Signed) Howard Otte M.D.

Address 914 N Charles St

Date Oct 20. 1907

Place of Burial Baltimore Cemetery

Date October 22 1907

Undertaker Christian Miller

Address 2334 Jefferson St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5761 Registered No. B C 5761

CERTIFICATE OF DEATH.

92V

(Place of Death.) No. 2814 Catherine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Edward Knight.

{ Residence, if in Baltimore, Give Street and Number. } 2814 Catherine st.

Duration of Residence in Baltimore. 1 Month 22 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 28th 1907

AGE 1 years, month, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Gustavus Knight

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Agnes Murray.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ellen Murray.

(Address) 2814 Catherine St

Filed 10/21 1907

EMMA C. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 19th 1907

I HEREBY CERTIFY, That I attended deceased from October 18th 1907 to October 19th 1907

that I last saw him alive on October 18 1907,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary) Eclampsia

(DURATION) 1 DAYS

(Signed) John Davis, M.D.

Address 2102 Orleans St.

Date October 20th 1907

Place of Burial St. Peters Cemetery.

Date October, 21st. 1907

Undertaker Wm. M. Gawthrop.

Address North &. Linden Aves.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 5762 Registered No. B C 5762 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Sullivan.

{Residence, if in Baltimore, Give Street and Number.} Lake Ave, Roland Park.

Duration of Residence in Baltimore. — 12 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1859

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Jermiah Sullivan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Sullivan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Etta Sullivan

(Address) Sewel Harford co Md.

Died 10/21 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 8 1907 to Oct. 20 1907 that I last saw h im alive on Oct 20 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

12 hours (DURATION) DAYS

Con'ributory (Primary.) Typhoid fever

4 weeks (DURATION) DAYS

(Signed) Eugene L. Persons M.D.

Address St Josephs Hosp.

Date Oct. 20 1907

Place of Burial Sewell, Harford Co. Md.

Date October, 22nd, 1907

Undertaker Wm. M. Gawthrop,

Address North & Linden Aves.

JOHN C. ANDREAS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. B C 5763

City of Baltimore, (No. 1329 Luzerne St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Owen Fury

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: White

DATE OF BIRTH: ~~Oct 20~~ Feb 20 (Month) 21 (Day) 1874 (Year)

AGE: 36 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Fury

(Address) 1329 Luzerne ave.

Filed 10/21 1907

HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to Oct 21 1907 that I last saw h[illegible] alive on Oct 20 1907, and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (DURATION) 6 Mos DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) H. J. Howard M. D.

Oct 21 1907 (Address) 2511 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Camden N. Jersey — DATE OF BURIAL: Oct 22 1907

UNDERTAKER: J. J. Kerr — ADDRESS: 1914 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or [illegible] can be ascertained, the full name, sex, age, co[illegible]

Ward 10 C 5764 Registered No. B C 5764

1051

CERTIFICATE OF DEATH.

(Place of Death.) No. 2207 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine D Rimbach

{Residence, if in Baltimore, Give Street and Number.} 2207 Orleans St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR w Chili

DATE OF BIRTH May 14th 1907

AGE ..... years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George J. Rimbach

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine Arnreich

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George J. Rimbach

(Address) 2207 Orleans St.

Filed 10/21 1907 HARRY D. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct-20 1907 that I last saw h[illegible] alive on Oct-20 1907 and that death occurred, on the date stated above, at 3.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ileo-Colitis

(DURATION) 10 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) / DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Oct 20 1907

Place of Burial Holy Redeemer Cem.

Date Oct. 22 1907

Undertaker Jas. J. Kerr

Address 1914 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5765 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 N Calhoun St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen E. Shaun

{Residence, if in Baltimore, Give Street and Number.} 217 N Calhoun St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 1894

AGE: 8 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Richard F Shaun

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mamie Galer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard F Shaun

(Address) 217 N Calhoun St

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 19th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 19 1907

that I last saw her alive on Oct 19 1907

and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Collapse, 2 hours

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia

12 (DURATION) 12 DAYS

(Signed) E B Freeman M.D.

Address 668 Columbia Ave

Date Oct 20th 1907

Place of Burial Greenmount Cem Co Md

Date Oct 21 1907

Undertaker W. Sudbury & Son

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

Dr Freeman

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C 5766 Registered No. B 1064

CERTIFICATE OF DEATH.

(Place of Death.) No. 2604 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augustus McBabe Aldridge

{Residence, if in Baltimore, Give Street and Number.} 2604 Maryland Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 4th 1902

AGE: 5 years, mon[t]s, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Centreville Queen Annes Co Maryland

FULL NAME OF FATHER: George W. Aldridge

BIRTHPLACE OF FATHER (State or country): Kent County Md

MAIDEN NAME OF MOTHER: Margaret McBabe

BIRTHPLACE OF MOTHER (State or country): Queen Annes County

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bradley Jr

(Address) 330 N Charles St

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct-21st 1907

I HEREBY CERTIFY, That I attended deceased from Sept-24 1907 to Oct-21 1907 that I last saw h[im] alive on Oct-20th 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis Probably Tuberculous.

(DURATION) DAYS

Con[t]ributory (Primary.) Enteritis

Probably Tuberculous (DURATION) DAYS

(Signed) James Bradley Jr M.D.

Address 330 N. Charles St

Date Oct-21st 1907

Place of Burial Centreville Md

Date Oct 23 1907

Undertaker W. J. Zickuhr & Sons

Address ~~530 N Eutaw St~~ Camden & Pacca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C 5767 — Registered No. B 138

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis F. LaBarre

{ Residence, if in Baltimore, Give Street and Number. } 502 N. Hamburg

Duration of Residence in Baltimore. life C5767

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH July 9th 1899

AGE 24 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas F. Naylor

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Sarah F. Grouch

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ernest LaBarre

(Address) 502 N Hamburg

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1907 to Oct 21 1907 that I last saw h[illegible] alive on Oct 20 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 20 DAYS

Contributory (Primary) [illegible] (DURATION) [illegible] DAYS

(Signed) Edw Grouch M.D.

Address [illegible]

Date Oct 20 1907

Place of Burial Loudon Park

Date Oct 23 1907

Undertaker N. J. Tucknott Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 5768 Registered No. B C 5768

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 [redacted] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest La Barre

{Residence, if in Baltimore, Give Street and Number.} 502 W Hamburg or Lib.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 20 1907

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimd

FULL NAME OF FATHER Ernest La Barre

BIRTHPLACE OF FATHER (State or country) Baltimd

MAIDEN NAME OF MOTHER Sarah F Naylor

BIRTHPLACE OF MOTHER (State or country) Baltimd

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest La Barre

(Address) 502 W Hamburg

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 20 1907 that I last saw h[illegible] alive on Oct 20 1907 and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Bilat

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Krumpfh M.D.

Address 517 Lemmon

Date Oct 20 1907

Place of Burial London Park

Date Oct 23 1907

Undertaker H. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C 5769 Registered No. B C 5769

45V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2204 Oak St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Emmett Banks

{ Residence, if in Baltimore, Give Street and Number. } 2204 Oak St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 26, 1829

AGE: 77 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Yorktown, Va.

FULL NAME OF FATHER: George Washington Banks

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Charlotte Hayward Martin

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs. Wm. E. Banks

(Address) 2204 Oak St.

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 19 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to Oct 19 1907 that I last saw him alive on Oct 18 1907, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Bladder

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1 E. Centre St

Date Oct 20 1907

Place of Burial Greenmount Cemetery

Date Oct. 21, 1907

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... Registered No. B .....

47

CERTIFICATE OF DEATH.

(Place of Death.) No. Barge #19. Consolidation Coal Co. Skinner's Drydock. Foot of Cross. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name William Lynch

{ Residence, if in Baltimore, Give Street and Number. } Portsmouth N. H.

Duration of Residence in Baltimore. 4 days. C 5770

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Portsmouth N.H.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. John Thomas

(Address) Barge #19.

Filed 10/21 190 7

Registrar

HARRY C. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on 190 6,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

..... Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo M Steinhardt M.D.
Coroner

Address .....

Date October 21 190 7

Place of Burial Methodist Cemetery

Date Oct 22 190 7

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 5771 Registered No. B C 5771

CERTIFICATE OF DEATH. 931

(Place of Death.) No. 2313 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Dempsey.

{Residence, if in Baltimore, Give Street and Number.} 2313 E. Lafayette Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH aug 2 1819

AGE 88 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza A Sheppard.

(Address) 2313 E Lafayette Ave

Filed 10/21 1907

HENRY C. ANDRESS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 21 1907

that I last saw him alive on Oct 20 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

— (DURATION) 3 DAYS

Contributory (Primary.)

F (DURATION) — DAYS

(Signed) F. Strattner Orem M.D.

Address 2527 N. Calvert St

Date Oct 22 1907

Place of Burial Loudon Park

Date Oct 1907

Undertaker Robt J Turner

Address 1772 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

will call for to day

Ward 10 C 5772 Registered No. B C 5772

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 N Lanvood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A Doriders.

{ Residence, if in Baltimore, Give Street and Number. } 1706 N Lanvood Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH aug 2 1836

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Widow~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Louis

(Address) 1706 N Lanvood Ave

Filed 10/21 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Oct 19 1907

that I last saw h alive on Oct 19 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 2 yrs

(Signed) S. M. Lumpkin M.D.

Address 602 S. Paca St.

Date Oct 21 1907

Place of Burial St. Vincent

Date Oct 22 1907

Undertaker Robt J Turner

Address 1742 N Gilmor

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

will call for today

Ward 24 C 5773 Registered No. B C 5773

CERTIFICATE OF DEATH.

159

(Place of Death.) No. 1310 Beason St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Thoemen

{Residence, if in Baltimore, Give Street and Number.} 1310 Beason St.

Duration of Residence in Baltimore. 5 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 11 1907

AGE — years, 4 months, 11 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Heinrich Thoemen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dora Mueller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Heinrich Thoemen

(Address) 1310 Beason St

Filed 10/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Oct 20 1907

that I last saw h[illegible] alive on Oct 20 1907

and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility (DURATION) 30 DAYS

Contributory (Primary) 0 (DURATION) DAYS

(Signed) S Kahn M.D.

Address 1510 E. Fort Av

Date Oct 21st 1907

Place of Burial Cedar Hill

Date Oct 21 1907

Undertaker Jos. Stumbaugh

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

C 5774

Registered No. B

CERTIFICATE OF DEATH.

61v

(Place of Death.) No. 420 S. Central Ave, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Smith

{Residence, if in Baltimore, Give Street and Number.} 420 S. Central Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH:

AGE: 1 — 1 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Nathan Smith

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Bessie Wirtz

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan Smith

(Address) 420 S. Central

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 20 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Oct 20 1907

that I last saw h[illegible] alive on Oct 20 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningites Acute

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) Anthony L. Retallick M.D. (DURATION) 1 DAYS

Address 827 Aisquith St

Date Oct 21 1907

Place of Burial Trinity

Date Oct. 22 1907

Undertaker Trudell Lipkert Bond

Address 336 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

662

CERTIFICATE OF DEATH.

Registered No. B 5775

City of Baltimore, (No. 220, W Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha A Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: black
DATE OF BIRTH: (Month) (Day) 1840 (Year)	
AGE: 67 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: Wm Daniels	
BIRTHPLACE OF FATHER (State or country): md	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles S. Stewart

(Address) 220 W. Chase St

Filed 10/21 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 20 1907 that I last saw h-er alive on oct 18 1907, and that death occurred, on the date stated above, at 12 40 A. M. The CAUSE OF DEATH was as follows:

Paralysis

about 1 year (DURATION) DAYS

Contributory old age

(DURATION) DAYS

(Signed) C Lane Taneyhill M. D.

oct 20 1907 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 22 1907

UNDERTAKER: Alex Hemsley — ADDRESS: 578 N. Biddle

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 Registered No. B

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. 915 McCulloh St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Brown C5776

{Residence, if in Baltimore, Give Street and Number.} 915 McCulloh St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Hughey Brown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Rellberg

(Address) 915 McCulloh St

Filed 10/21 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to Oct. 21st 1907

that I last saw her alive on Oct 20 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation Heart

(DURATION) 7 mos DAYS

Con'tributory (Primary.) Bronchitis

(DURATION) 7 DAYS

(Signed) August Hoen M.D.

Address 40 E 23rd St Baltimore Md

Date 1907

Place of Burial Cumberland Md

Date 10/21 1907

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5777

City of Baltimore, (No. 1745, Ashland ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helena E Beck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 16 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Riedesser

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Margaret Clotbamp

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Riedesser

(Address) 813 Shuter ave

Filed 10/21 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1 1907 to Oct. 19 1907 that I last saw her alive on Oct 18 1907, and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 8 DAYS

Contributory Exhaustion

(DURATION) 8 DAYS

(Signed) A D Macdonald M. D.

Oct 19 1907 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 22 1907

UNDERTAKER: Frank Enoch — ADDRESS: 1909 Eastern

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 Ai

CERTIFICATE OF DEATH.

Registered No. B C 5778

City of Baltimore, (No. 334 S. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard Roden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 15 (Day) 1844 (Year)

AGE: 63 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Patrick Roden

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McCann

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk. Roden

(Address) 334 S. Strieker St

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Oct. 19 1907

that I last saw him alive on Oct 19 1907,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Artus Sclerosis.
Bright's disease
Uraemia profound

(DURATION) 3 DAYS

Contributory Valv. Heart disease (Hypertrophy) (DURATION) Several years DAYS

(Signed) W. H. Rayton M. D.

Oct 20 1907 (Address) 1136 W. Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Oct 22 1907

UNDERTAKER: Crowley Bros | ADDRESS: 25 N. Bal[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Ward 1st C 5779 Registered No. B

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 3040 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Thornton

{Residence, if in Baltimore, Give Street and Number.} 3040 O'Donnell St.

Duration of Residence in Baltimore.

C 5779

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: 1841

AGE: 66 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Timothy Donohue

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dellia Noon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Thornton

(Address) 3040 O'Donnell St

Filed 10/21/ 1907 HARRY C. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 17th 1907 to Oct. 19 1907 that I last saw her alive on Oct. 18 1907 and that death occurred, on the date stated above, at 12 M.

M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia (DURATION) 2 DAYS

Contributory (Primary.)

Nephritis (DURATION) 4 years

(Signed) M. J. Mcavoy M.D.

Address 836 S. Bouldin

Date Oct. 21 1907

Place of Burial Cathedral Cem

Date Oct. 22nd 1907

Undertaker Jno. P. Quinn

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B

C 5760

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 769 W Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary C Stevens

{Residence, if in Baltimore, Give Street and Number.} 769 W Cross

Duration of Residence in Baltimore. 70 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 86 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): West Indies

FULL NAME OF FATHER: John B Salgues

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: Margaret Balbis

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Stevens

(Address) 769 W Cross

Filed 10/22 1907 — HENRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 19 1907 that I last saw h alive on Oct 17 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

1 year (DURATION) DAYS

Contributory (Primary) Heart failure and Anthemia (DURATION) 3 DAYS

(Signed) Jos E Timme M.D.

Address 855 Columbia Ave

Date Oct 21 1907

Place of Burial: BALTIMORE CEMETARY. Date: OCT 23 1907

Undertaker: Armstrong Denny Co., Address: 715 Light Street.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5781 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2235 Eastern ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Margaret Louise Hann

{Residence, if in Baltimore, Give Street and Number.} 2235 Eastern ave

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 11th 1840

AGE: 67 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Casper Hann

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Margaret Ulrich

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Tonis

(Address) 2235 Eastern Ave

Filed 10/22 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15, 1907 to Oct 21, 1907

that I last saw h-- alive on Oct 21 1907,

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Con'tributory (Primary) Valvular dis of Heart

(DURATION) DAYS

(Signed) E. B. Britton M.D.

Address 1711 E. Baltimore St

Date Oct 22 1907

Place of Burial Philadelphia Pa.

Date October 22d 1907

Undertaker J. Tandas & Son,

Address

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 5782 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1000 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena Bennett

{Residence, if in Baltimore, Give Street and Number.} 164 East Oak

Duration of Residence in Baltimore. 40 yr C 5782

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): — — — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Bennett

(Address) 964 East Oak

Filed 10/22 1907

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Oct 1907

that I last saw h— alive on Oct 1907

and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Cancer

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. A. Dunham M.D.

Address 216 E. Caroline ave

Date Oct. 20 1907

Place of Burial Mt Zion

Date Oct 22 1907

Undertaker Wm J. Jackson

Address 421 Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 5783 Registered No. B C 5783

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant daughter of Joseph & Eva Rosenberger

{ Residence, if in Baltimore, Give Street and Number. } No. 1743 N. Chester St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 22, 1907.

AGE Half hour. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Joseph Rosenberger.

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Eva Weir.

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Rosenberger

(Address) 1743 N. Chester St.

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22, 1907 to Oct 22, 1907 that I last saw h.. alive on Oct 22, 1907, and that death occurred, on the date stated above, at 5:22 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

Half hour. (DURATION) DAYS

Contributory (Primary.) Premature birth

(Five months) (DURATION) DAYS

(Signed) R. A. Elwell M.D.

Address 1741 Harford ave

Date Oct. 22, 1907

Place of Burial Mt. Carmel Cemetery

Date Oct. 22nd 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 5784

City of Baltimore, (No. 30, Eaton Ave St.; 20 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vincent L Staylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 24th (Day) 1878 (Year)

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Vincent Staylor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary H Blades

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Atkinson

(Address) 30 - Eaton Ave

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Oct 20 1907 that I last saw him alive on Oct 20 1907, and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH was as follows:

Uremia (DURATION) 10 DAYS

Contributory Nephritis (DURATION) 100 DAYS

(Signed) Howard W Jones M. D.

Oct 21 1907 (Address) Lemmy Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 23 1907

UNDERTAKER: C. H. McConnell — ADDRESS: 1729 W Lombard ✓

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 2101 Penn.a Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leon Fine C5785

{Residence, if in Baltimore, Give Street and Number.} 2101 Penn.a Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 28th 1907

AGE ... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Fineman

(Address) 617 Hanover St

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21 1907 to Oct 21 1907 that I last saw h.. alive on Oct 21 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAY

Contributory (Primary) Cholera Infantum (DURATION) 4 DAYS

(Signed) John E Huck M.D.

Address 647 W Lafayette Ave

Date Oct 21 1907

Place of Burial Hebrew Cem Washington Rd. Cem

Date 10/22 1907

Undertaker M. Doyle

Address 17 E Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 6378/86 Registered No. B 21

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View ~~Hospital~~ Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Bridinger

{ Residence, if in Baltimore, Give Street and Number. } Bay View C 5786

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Basket Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Edgar Rongey, Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 10/22 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb-1 1906 to Oct. 21 1907

that I last saw h~~im~~ alive on Oct. 21 1907

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Dysentery - Debility

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Oct. 22. 1907

Place of Burial Sacred Heart Oct 22" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5787 Registered No. B [illegible]

C 5787 4

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Stock

{ Residence, if in Baltimore, Give Street and Number. } 929 Woodyear St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B —

DATE OF BIRTH 1

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER [illegible] —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Holt

(Address) 929 Woodyear St

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 21 1907

that I last saw h[illegible] alive on Oct 21 1907,

and that death occurred, on the date stated above, at 11½

G. M. CAUSE OF DEATH (Secondary or Immediate.)

Epithelial Cancer

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Balt City Hospital

Date Oct 21 — 1907

Place of Burial St Peters Cemetery

Date Oct 23 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5788 Registered No. B .....

1661

CERTIFICATE OF DEATH.

(Place of Death.) No. Lanfyr S. Ave & B & O R R St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Wrigfield

{Residence, if in Baltimore, Give Street and Number.} 345 S Woodyear St

Duration of Residence in Baltimore. Life C5788

PERSONAL AND STATISTICAL PARTICULARS

SEX m | COLOR W

DATE OF BIRTH 1

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo A Wrigfield

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Louise R. Wrigfield

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Bookbinder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 120 N. Gunard St

Filed 10/22 190.7 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 12 03 P.M. CAUSE OF DEATH (Secondary or Immediate)

Body removed by R.R. auth.

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Fredk L Camalier M.D.

Address Coroner

Date Oct 21 — 07 190..

Place of Burial at Peter

Date Oct. 22 190.7

Undertaker John J Fields

Address 120 N. Gunard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward V Registered No. B 15 6 V

CERTIFICATE OF DEATH. C 5789

(Place of Death.) No. 604 S. Durham St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank. Vesner.

{Residence, if in Baltimore, Give Street and Number.} 604 S. Durham

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White

DATE OF BIRTH 1

AGE 9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Adam Vesnar

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Theresa Wisniewska

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa, Siedlak

(Address) 2116 Cambridge St.

Filed 10/22 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1907 to Oct. 20th 1907 that I last saw him alive on Oct. 20th 1907, and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

Diarrhoea

(DURATION) 21 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS.

(Signed) G. F. Ries M.D.

Address 213 S. Bond St

Date Oct. 21st 1907

Place of Burial St. Stanislaus

Date Oct. 22 1907

Undertaker Jacob Frankowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5790 12

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name John T. Moore

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. C 5790

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/22 1907 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 12 1907 to Oct 20 1907

that I last saw h[illegible] alive on Oct. 20 1907 and that death occurred, on the date stated above, at 5.-21 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Con'tributory (Primary.) Endocarditis - Nephritis

(DURATION) DAYS

(Signed) W. H. P. Bay M.D.

Address Bay View

Date Oct. 21 1907

Place of Burial Loudenback

Date Oct 22 1907

Undertaker J. A. Holmes

Address 954 Hanover

WM. J. C. DULANY CO., BALTIMORE

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5791

City of Baltimore, (No. 1324 N. Dallas St.; Ward 5)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Esther Straus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White

DATE OF BIRTH: March 8th 1845 (Month) (Day) (Year)

AGE: 62 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Aaron Straus

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Esther Myers

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Straus

(Address) 1326 N Dallas St

Filed 10/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 19th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1907 to Oct 21st 1907, that I last saw h[illegible] alive on Oct 19th 1907, and that death occurred, on the date stated above, at 2.45 2 M. The CAUSE OF DEATH was as follows:

Asphyxia Bronchitis

(DURATION) 11 DAYS

Contributory

(DURATION) DAYS

(Signed) Benj Baumgarten M. D.

1907 (Address) 1422 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Fells Point Cem

DATE OF BURIAL: Oct 23 1907

UNDERTAKER: J A Brown

ADDRESS: 504 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 5792 Reg 194

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Charlotte Ramon.

{Residence, if in Baltimore, Give Street and Number.} 547 McMechen st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B —

DATE OF BIRTH — 1

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/22 1907 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Oct 21 1907 that I last saw h alive on Oct 21 1907, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease.

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Balt City Hospital

Date Oct 24 1907

Place of Burial Mt Auburn

Date Oct 23 1907

Undertaker Alex H Brady

Address 574 Whiteford Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5793 Reg 924

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Gaither

{ Residence, if in Baltimore, Give Street and Number. } 533 McMechen St

Duration of Residence in Baltimore. C 5793

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Gaither

(Address) 533 McMechen St

Filed 10/22 1907 HARRY O. RIDER PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 20 1907

that I last saw h alive on Oct 20 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Strangulated hernia (DURATION) DAYS

(Signed) W Mackall M.D.

Address Johns Hopkins Hosp

Date Oct 21 1907

Place of Burial Mt Auburn

Date Oct 23 1907

Undertaker Alex. Kennedy

Address 678 W. Biddle Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward V

C 5794

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 56 E. Heath St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas B. Lambert

{Residence, if in Baltimore, Give Street and Number.} 56 E. Heath St.

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 22nd 1875

AGE: 32 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Martinsburg W. Va.

FULL NAME OF FATHER: Charles C Lambert

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Ellen Freezer

BIRTHPLACE OF MOTHER (State or country): Martinsburg W Va.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham L Water

(Address) 58 E Heath St

Filed 10/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21st 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1907 to Oct 21st 1907

that I last saw h im alive on Oct 21st 1907

and that death occurred, on the date stated above, at 6 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 4 hrs DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. F. Hawkins M.D.

Address 169 S Eutaw St

Date Oct 21st 1907

Place of Burial Martinsburg W Va.

Date October 23 1907

Undertaker Thos Cook

Address 502 E Northam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5795

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 upton St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name, Estella watson

{ Residence, if in Baltimore, Give Street and Number. } 1307 Upton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: Dec. 8th 1906

AGE: — years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George W. Watson

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lula Fortune

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Watson

(Address) 1307 Upton St.

Filed 10/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Acute Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Allan Ward M.D.

Address 710 Eng. av. (Comm)

Date October 21st 1907

Place of Burial Mt Auburn

Date Oct the 22 1907

Undertaker James H Dennis

Address 1392 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7th

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 Bruns St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Bosse

{ Residence, if in Baltimore, Give Street and Number. } 1007 Bruns St.

Duration of Residence in Baltimore. Life C5796

PERSONAL AND STATISTICAL PARTICULARS

SEX male. | COLOR white

DATE OF BIRTH Oct. 15 1907

AGE — years, — months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Michael Bosse

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary M. Pottswell

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Father)

(Address) 1007 Bruns St.

10/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 21 1907

that I last saw h in alive on Oct 20 1907

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) DAYS

Contributory (Primary.) Morbus indigestii (DURATION) 6 DAYS

(Signed) J. W. Wright M.D.

Address Canton & Dillon Sts

Date Oct 22 1907

Place of Burial Sacred Heart

Date Oct. 22" 1907

Undertaker Wendell Lippel Bro

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 5797

CERTIFICATE OF DEATH.

(Place of Death.) No. 778 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 778 W Hamburg st

Duration of Residence in Baltimore. Lifetime C5797

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 10 1860
AGE	47 years, 4 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Franz Hoffman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Hoffman

(Address) 778 W. Hamburg

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 1904 to Oct 21 1907

that I last saw him alive on Oct 21 1907,

and that death occurred, on the date stated above, at 1.25 P.M. CAUSE OF DEATH (Secondary or immediate)

Exhaustion

(DURATION) Few DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 16 DAYS

(Signed) James Dooley M.D.

Address 1701 Hollins st

Date Oct 21 1907

Place of Burial New Cathedral

Date Oct. 24th 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1323 Hillman st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice J. Munnmert.

{Residence, if in Baltimore, Give Street and Number.} 1323 Hillman st.

Duration of Residence in Baltimore. Lifetime C5798

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 26 — 1907

AGE — years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Wm. H. Munnmert

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Emma H. Ruckle

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Munnmert

(Address) 1323 Hillman st

Filed 10/22 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 7 — 1907 to Oct. 21 — 1907 that I last saw her alive on Oct. 20 — 1907 and that death occurred, on the date stated above, at 6.55 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General tuberculosis

(DURATION) 38 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date October 21 1907

Place of Burial Oak Lawn

Date October 23 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 877 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Diggs

{ Residence, if in Baltimore, Give Street and Number. } 877 Raborg

Duration of Residence in Baltimore. 20yrs C5799

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) York, Pa

FULL NAME OF FATHER ~~Henderson~~ Charles Diggs

BIRTHPLACE OF FATHER (State or country) PA

MAIDEN NAME OF MOTHER Kate Diggs

BIRTHPLACE OF MOTHER (State or country) PA

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hark Scott

(Address) 877 Raborg Av

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 19 1907

that I last saw her alive on Oct 19 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 3 DAYS

Con'tributory (Primary.) Acetonia

(DURATION) 3 DAYS

(Signed) W Monroe M.D.

Address 939 W Fayette

Date Oct 19 1907

Place of Burial Laurel

Date Oct 22 1907

Undertaker R A Elliott

Address 5-06 Rodgers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2213 Hunters al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Little

{ Residence, if in Baltimore, Give Street and Number. } 2213 Hunters.

·Duration of Residence in Baltimore. Life C 5800

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1864

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Queenan Co Md

FULL NAME OF FATHER: Samuel Glasco

BIRTHPLACE OF FATHER (State or country): Queenan Co Md

MAIDEN NAME OF MOTHER: Lyder Richardson

BIRTHPLACE OF MOTHER (State or country): Queenan Co Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Plater

(Address) 420 E 23 St

Filed 10/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Oct 19 1907

that I last saw her alive on Oct 19 1907

and that death occurred, on the date stated above, at 820 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure & Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary.) Chronic Interstitial Nephritis, Valvular Heart Disease (DURATION) Time unknown

(Signed) Haughton Bentley M.D.

Address Guilford Av 0272

Date Oct 20 1907

Place of Burial Laurel Cem

Date Oct 22 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ross Roberts

{ Residence, if in Baltimore, Give Street and Number. } 218 S Paca

Duration of Residence in Baltimore. Life C 3801

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct 31 1906

AGE: ... years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Hopkins

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Helen Roberts

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother.

(Address) 218 S Paca St.

Filed 10/22 1907

HARRY C. ARDINGER, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1907

I HEREBY CERTIFY, That I attended deceased from 9/30 1907 to Oct 19 1907

that I last saw h.. alive on Oct 19 1907,

and that death occurred, on the date stated above, at 9 45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 19 DAYS

(Signed) F. H. Stanmeyer M.D.

Address 317 N. Carrollton Ave

Date 10/21 1907

Place of Burial Laurel Cemetery

Date Oct 22 1907

Undertaker R. K. Talbert

Address 506 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 West St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Wilson

{ Residence, if in Baltimore, Give Street and Number. } 324 West St.

Duration of Residence in Baltimore. 20 Years C5802

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH August 1853

AGE 54 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Central Md

FULL NAME OF FATHER Edward Wilson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Eastman

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Wm Baker

(Address) 2?? Milton Av

Filed 10/22 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21st. 1907

I HEREBY CERTIFY, That I attended deceased from Jan — 1907 to Oct 21 1907

that I last saw her alive on Oct 21 1907,

and that death occurred, on the date stated above, at 6:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs & Asphyxia

& Heart Failure

2 days ago Acute Pneumonia developed.

3 or 4 Days (DURATION) ..... DAYS

Contributory (Primary.) Valvular Disease of Heart & Developed an acute Croupous Pneumonia (DURATION) 2 Days

(Signed) Hampton Bruchy M.D.

Address Guilford Av. & Lanvale St

Date Oct 21 1907

Place of Burial Mt Olivet

Date Oct 24 1907

Undertaker Robert A Elliott

Address 5-C Le Rozen Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4 2 1

CERTIFICATE OF DEATH.

Registered No. B C 5803

City of Baltimore, (No. 500 Oxford Ave, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH May (Month) 25 (Day) 1854 (Year)

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Arthur Wildhoff

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane Geoghagan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Bell

(Address) 500 Oxford Ave

Filed 10/22 1907

HENRY C. ANDREWS, PUBLIC CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1907 to Oct 16th 1907

that I last saw h[illegible] alive on Oct 16th 1907,

and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Exhaustion and Emaciation

(DURATION) DAYS

Contributory Carcinoma

(DURATION) DAYS

(Signed) Chas E. Brack M.D.

Oct 22 1907 (Address) 570 E. 20th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL Oct 25 1907

UNDERTAKER C. A. Whitefield Jr. | ADDRESS [illegible] Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 5804 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 633 Sterling St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Iler

{Residence, if in Baltimore, Give Street and Number.} 633 Sterling St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1

AGE 49 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Drumkow Galt. Co

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R A Elliott

(Address) 506 Roger Ave

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 1907 to Oct 19 1907 that I last saw h[illegible] alive on Oct 18 1907 and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regur. of Heart & Chr. Int. Nephritis

(DURATION) 60 DAYS

Contributory (Primary) Heart failure (DURATION) 10 DAYS

(Signed) Arthur Wrightson M.D.

Address 731 Eutaw Place

Date Oct 19 1907

Place of Burial Laurel Cem

Date Oct-22 1907

Undertaker R A Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 5805 Registered No. B C 5805

1054

CERTIFICATE OF DEATH.

(Place of Death.) No. 2224 Fairmount ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Florence Lear,

{Residence, if in Baltimore, Give Street and Number.} 2224 Fairmount ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Aug 11, 1907

AGE 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1907 to Oct. 21, 1907

that I last saw her alive on Oct 19, 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis,

(DURATION) 3 DAYS

Con'ributory (Primary.) inanition

(DURATION) DAYS

(Signed) K. De Sales Kelly M.D.

Address 2143 Penna ave

Date Oct 21, 1907

Place of Burial JOHNS HOPKINS HOSPITAL OCT 21 1907

Date 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PUR

WM. J. C. DULANY CO., BALTIMORE.

2 36

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

C 5806 Registered No. B

CERTIFICATE OF DEATH.

1052

(Place of Death.) No. 830 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Pindell

{Residence, if in Baltimore, Give Street and Number.} 830 Whatcoat St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Pindell

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Horace W. Savage

(Address) 830 Whalcoat St

Filed 10 22 1907

1 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 19 1907

that I last saw h alive on Oct 19 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 5 DAYS

Contributory (Primary.) Convulsions

(DURATION) One hour

(Signed) Henry E. O'Neill M.D.

Address 1203 W. Fayette St

Date Oct 19 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 21 1907 1907

HENRY G. MURRAY, Commissioner Health

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2 36

Ward 7th C 5807 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 881- Clifford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Burton

{Residence, if in Baltimore, Give Street and Number.} 881. Clifford

Duration of Residence in Baltimore. Life C5807

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White

DATE OF BIRTH 1907

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Clifton Burton

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mollie Abell

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clifton Burton

(Address) 881 Clifford St

Filed 10/22 1907 HARRY C. ANDREWS, FIRST CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-19 1907

I HEREBY CERTIFY, That I attended deceased from Oct Coroner 190 to 190

that I last saw h alive on 190 3 30

and that death occurred, on the date stated above, at a m. CAUSE OF DEATH (Secondary or Immediate)

Gastro enteritis

(DURATION) 7 DAYS

Contributory (Primary) Congenital

orbulity (DURATION) 4 DAYS

(Signed) Edmund Jones M.D.

Address Coroners Office

Date Oct-19 1907

Place of Burial Cedar Hill Cemetery

Date Oct 22nd 1907

Undertaker John D. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5808

City of Baltimore, (No. 517 N Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Claggett Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 22 (Day) 1907 (Year)

AGE: — years, — months, 3 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 517 N Mount St

FULL NAME OF FATHER: Wm Claggett

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Katherine Spicer

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Spicer

(Address) 517 N Mount St

Filed 10/22 1907 HENRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 22nd 1907 to Oct 22nd 1907 that I last saw him alive on Oct 22nd 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 3 hrs

Contributory (DURATION) DAYS

(Signed) Chas L. Montague M. D.

Oct 22nd 1907 (Address) 125 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: Oct-23 1907

UNDERTAKER: C. F. McCormick

ADDRESS: 1729 W. Lafayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 5809 Registered No. B ..... C 5809

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 S. Patterson Park Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William J. McDonald

{Residence, if in Baltimore, Give Street and Number.} 22 S. Patterson Park Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 12 1874

AGE: 33 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Mc Donald

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: B. Annie Patterson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Annie Mc Donald

(Address) 22 S. Patterson Park Ave

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 21st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17 1907 to Oct 21 1907

that I last saw h-- alive on Oct 20 1907,

and that death occurred, on the date stated above, at 11 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) Geo. B. Young M.D.

Address 1735 Broadway

Date Oct 21 1907

Place of Burial New Cathedral Cemetery

Date Oct. 24 1907

Undertaker Germanus Trace

Address 1 Lanty & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd C 5810 Registered No. B C 5810

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 S. Caroline St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bridget Garlin C 5810

{Residence, if in Baltimore, Give Street and Number.} 919 S. Caroline St.

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1840
AGE	67 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Patrick O Donnell
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Garlin

(Address) 919 S. Caroline St

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1907 to Oct. 19 1907 that I last saw h-r alive on 10/16 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease Heart

2 mos (DURATION) DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) DAYS

(Signed) C A Reese M.D.

Address 619 S Pat St

Date Oct. 21 1907

Place of Burial Holy Cross Cemetery

Date October 23rd 1907

Undertaker Germanus Francis

Address Bonig & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 E. Oliver C5811 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Thomas Boyd

{ Residence, if in Baltimore, Give Street and Number. } 2019 E. Oliver St

Duration of Residence in Baltimore. 5 Years (4) mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 5, 1885

AGE 22 years, 7 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Jefferson Co. W. Va

FULL NAME OF FATHER Israel Vincent Boyd

BIRTHPLACE OF FATHER (State or country) Jefferson Co, W. Va.

MAIDEN NAME OF MOTHER Nancy Jane West

BIRTHPLACE OF MOTHER (State or country) Jefferson Co, W. Va

OCCUPATION OF DECEASED Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Israel Vincent Boyd

(Address) 2019 E. Oliver St

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1907 to Oct 21, 1907

that I last saw h~~im~~ alive on " 20 1907,

and that death occurred, on the date stated above, at 12 45 M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 15 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 15 DAYS

(Signed) H. L. Rickard M.D.

Address 910 S. Canton St

Date Oct 21, 1907

Place of Burial Baltimore Cemetery.

Date Oct 23 1907

Undertaker Frank Gracia

Address 1904 Eastland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 5812 Registered No. B C 5812

CERTIFICATE OF DEATH.

174V

(Place of Death.) No. 915 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Stawski

{ Residence, if in Baltimore, Give Street and Number. } 915 S Bond St

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 19 1860

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Martin Stawski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Francis Stawska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Maranoski

(Address) 815 S Bond St

Filed 10/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 — 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sudlow Coroner M.D.

Address 320 ½ Broome St

Date ✓ 190

Place of Burial Holy Rosary

Date Oct 24 1907

Undertaker Joseph Staroveski

Address 1742 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C 5813 Registered No. B [illegible] 1v

CERTIFICATE OF DEATH.

(Place of Death.) No. 2118 East Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kathrina Mary Morris

{Residence, if in Baltimore, Give Street and Number.} 2118 East Balto St.

Duration of Residence in Baltimore. Swan Works.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov 19 1868

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Flushing L.I.

FULL NAME OF FATHER Patrick Twomey.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Winnifred Duffy.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED W&W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J. Morris.

(Address) 2118 E. Balto St.

Filed 10/23 1907 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29th 1907 to Oct 22 1907

that I last saw h[illegible] alive on Oct 22 1907, 7.30

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever 4 W

Asthenia.

(DURATION) 25 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John I. McCarthy M.D.

Address 656 W Franklin St

Date Oct 22nd 1907

Place of Burial Flushing, Long Island N.Y.

Date Oct. 23d 1907

Undertaker Henry W Means and Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C 5814 Registered No. B [illegible]

6 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 S. High St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rosa ~~Sigal~~ Sigal

{ Residence, if in Baltimore, Give Street and Number. } 105 S. High St.

Duration of Residence in Baltimore. Four days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 13 — 1903

AGE: 4 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Roumania

FULL NAME OF FATHER: Joseph Sigal

BIRTHPLACE OF FATHER (State or country): Roumania.

MAIDEN NAME OF MOTHER: Clara Jakowitch

BIRTHPLACE OF MOTHER (State or country): Roumania.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Grossman

(Address) 419 N. Exeter St

Filed 10/23 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 22 — 1907 to Oct. 22 1907

that I last saw her alive on 22 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Measles with Pulmonary complications (Broncho Pneumonia)

Antecedent (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Emil Hahn M.D.

Address 38 South High St.

Date Oct. 22/07 1907

Place of Burial Holmes Rows Bal Co

Date Oct 23, 1907

Undertaker Mrs Linnen

Address 620 n. Elderry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

166V

(Place of Death.) No. University of Md Hosp St. (If Death occurred in Hospital or institution, give its Neme instead of Street and Number)

Full Name Henry G Willis

{Residence, if in Baltimore, Give Street and Number.} 738 W Saratoga St

Duration of Residence in Baltimore. Life

C5815

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH 1	
AGE 70 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Henry Glendy Willis
BIRTHPLACE OF FATHER (State or country)	Balto, Md, Unknown
MAIDEN NAME OF MOTHER	Mary Young
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Willis

(Address) 742 Mulberry St

Filed 10/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture of skull & ribs

Hit by an electric Car

(DURATION) 1½ hrs

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address

Date Oct 21 1907

Place of Burial Baltimore Cemetery

Date Oct 24 1907

Undertaker M Cadogan

Address 696 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5816 Registered No. D

176 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Granville Royster.

{ Residence, if in Baltimore, Give Street and Number. } 16 S Bethel St

Duration of Residence in Baltimore. Life C5816

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 32 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Duett

FULL NAME OF FATHER Eager Royster

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED Laborer Stone Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Royster

(Address) 16 S Bethel St

Filed 10/23 1907 HARRY C. ANDRES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 - 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1.40 P.M.

10

CAUSE OF DEATH (Secondary or Immediate

Fracture of Skull.
(Struck by a brick)
(Stone Mason)

Contributory (Primary)

(DURATION)

(Signed) Eager Royster M.D.

Address Coroner

Date Oct 22-07 1907

Place of Burial Asbury Cemetery

Date 23 Oct 1907

Undertaker John W Henderson

Address 631 N Caroline St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

92

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5817

City of Baltimore, (No. 520, Brune St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmina Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 17 (Day) 1828. (Year)

AGE: 79 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Otto H. Herberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Herberg.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Hill

(Address) 520 Brune St.

Filed 10/23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 29 1907 to Oct. 21 1907 that I last saw her alive on Oct. 21 1907, and that death occurred, on the date stated above, at 8.25 P.M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 23 DAYS

Contributory Senile Exhaustion

(DURATION) 2 DAYS

(Signed) G. A. Schiede M.D.

Oct. 21 1907 (Address) 709 Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Oct 23 1907

UNDERTAKER: Mrs Andrew Robertson

ADDRESS: 730 Paca

HARRY G. ANDREWS
PERMIT CLERK

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 5818 Registered No. B C 5818

120 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nancy J. Murphy

{Residence, if in Baltimore, Give Street and Number.} 1736 E. Pratt St

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Nov 10th 1839

AGE 67 years, 11 mont's, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm Wallace

(Address) 123 S. Linn St

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13, 1907 to Oct 22 1907 that I last saw h er alive on Oct 21 1907. 1:30

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

about 3 years (DURATION) DAYS

Con'ributery (Primary.)

Cardiac Exhaustion (DURATION) 3 DAYS

(Signed) Gus Heller M.D.

Address 1937 Gough

Date Oct 22 1907

Place of Burial Mt. Carmel Cemetery

Date Oct. 24 " 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 5819 Registered No. B C 5819

CERTIFICATE OF DEATH.

40 ✓

(Place of Death.) No 2939 Fait Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Laura J. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 2939 Fait ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 22 1857

AGE 50 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER William Jones.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Thompson

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Thomas.

(Address) 2939 Fait Ave.

Filed 10/23 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 21 1907 that I last saw him alive on Oct 21 1907, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) 90 DAYS

Con'tributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2428 E. ant Ave

Date Oct 22 1907

Place of Burial Oak Lawn Cemetery.

Date Oct. 24 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 5820 Registered No. B C 5820

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 W. Hamburg st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert B. Carson

{ Residence, if in Baltimore, Give Street and Number. } 718 W. Hamburg st

Duration of Residence in Baltimore. during life C 5820

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Jan. 7th 1907	
AGE: ..... years, 9 months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: Robert B. Carson	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Lottie Hill	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert B. Carson

(Address) 718 W. Hamburg st

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to Oct 2 1907

that I last saw him alive on Oct 19 1907,

and that death occurred, on the date stated above, at 8:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis & asthenia

about 1 mo. (DURATION) DAYS

Contributory (Primary.) Marasmus

about 5 mo. (DURATION) DAYS

(Signed) H E Knight M.D.

Address 1002 N. Carrollton

Date Oct 22 1907

Place of Burial Western Cemetery

Date Oct 23 1907.

Undertaker James Dinan & Son

Address 759 W. Hamburg st

WM. J. C. DULANY CO., Baltimore

Ward 10 C 5821 Registered No. B C 5[illegible]

647

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Haynes

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1828

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Lawrence Haynes

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Hughes

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22d 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on Oct 19 1907

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral apoplexy

(DURATION) 4 DAYS

Con'tributory (Primary.) Coma

(DURATION) DAYS

(Signed) J. A. Warner M.D.

Address 1133 Valley

Date Oct 22 1907

Place of Burial St. Peters

Date Oct. 23d 1907

Undertaker John Fields

Address 120 N. Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 5822

CERTIFICATE OF DEATH.

17

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Toma

{ Residence, if in Baltimore, Give Street and Number. } 1710 Thames St

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ——— 1 ———

AGE 45 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Toma

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Luzanna Mackg

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Veronika Pasnks

(Address) 1710 Thames St

Filed 10/23 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 13 1907 to Oct. 22 1907

that I last saw him alive on Oct. 22 1907

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

Few hours (DURATION) DAYS

Contributory (Primary.) Typhoid fever

(DURATION) DAYS

(Signed) Conrad Schmitz M.D.

Address St Joseph's Hospital

Date Oct. 23 1907.

Place of Burial Holy Rosary

Date October 24 1907

Undertaker Jacob Fiacknecki

Address 928 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5823

Registered No. B .....

City of Baltimore, (No. 1547 Orem Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Horace K & Mrs Grace M Fuller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 22 (Day) 1907 (Year)

AGE: ..... years, ... months, 9 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Horace K Fuller

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Grace M Bankard

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Horace K Fuller

(Address) 1547 Orem Ave

Filed 10/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Oct 22 1907

that I last saw him alive on Oct 22 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Immature

1 (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) Fred B Jones M. D.

Oct 23 1907 (Address) 2208 W. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Oct 23 1907

UNDERTAKER: Geo. J Smith & Bro.

ADDRESS 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 — C 5824 — Registered No. B ....

CERTIFICATE OF DEATH.

179 V

(Place of Death.) No. Rear 1419 E. Oratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Burdy Matthews

{Residence, if in Baltimore, Give Street and Number.} Rear 1419 E. Oratt

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: — 1...

AGE: 28 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....

(Address) ....

Filed 10/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thomas Sadler Cannon M.D.

Address 320 N Broadway St

Date ... 190 ...

Place of Burial JOHNS HOPKINS HOSPITAL.

OCT 22 1907

Commissioner Health

Date ... 190 ...

Undertaker ...

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

2 33

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward ... C 5825 ... Registered No. B ...

CERTIFICATE OF DEATH.

1921

(Place of Death.) No. 1921 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virgil B. Peake

{Residence, if in Baltimore, Give Street and Number.} 1921 Guilford Ave

Duration of Residence in Baltimore. 57 years

C 5825

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

AGE 86 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Henry Brewer

BIRTHPLACE OF FATHER (State or country) Md "

MAIDEN NAME OF MOTHER Catherine McCrea

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. R. Mills (Nephew)

(Address) 1921 Guilford

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ... A.M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

... (DURATION) ... DAYS

Contributory (Primary) Sudden

... (DURATION) ... DAYS

(Signed) Clinton Linthicum M.D.
Coroner

Address 1518 N. Charles St

Date Oct 22 1907

Place of Burial Green Mount

Date OCT 23 1907

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5826 C 5826 15 9 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1536 Pennsylvania Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna B. Pfister

{ Residence, if in Baltimore, Give Street and Number. } 1536 Penna Ave.

Duration of Residence in Baltimore. 65 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	Oct 5th 1817
AGE	90 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Feinstein

(Address) 1536 Penna Ave

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 21 1907

that I last saw her alive on Oct 20 1907

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Old-Age.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C. Houck M.D.

Address 1924 Penna Ave

Date Oct 21 1907

Place of Burial Western Cemetery

Date Oct. 23rd 1907

Undertaker Geo. Bentz

Address 594 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. D

911

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 E Lanbard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W Fields

{Residence, if in Baltimore, Give Street and Number.} 1736 E Lanbard St

Duration of Residence in Baltimore. Life C5827

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 12th 1842

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Fields

BIRTHPLACE OF FATHER (State or country) BALTIMORE, MD.

MAIDEN NAME OF MOTHER Mary Birans

BIRTHPLACE OF MOTHER (State or country) BALTIMORE, MD.

OCCUPATION OF DECEASED Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields Pr H&K

(Address) 2223 Eastern Av

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1907 to Oct 21, 1907

that I last saw h alive on same date 1907

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-pneumonia causing respiratory failure

(DURATION) 21 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Geo. E. Rinehart M.D.

Address 2000 E Baltimore st

Date Oct 21, 1907

Place of Burial Mt. Carmel CEMETERY

Date OCT 24 1907 190

Undertaker H. E. HUGHES

Address 17 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C 5828

CERTIFICATE OF DEATH.

C 5828

(Place of Death.) No. 331 E. North Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Riesenhon

{ Residence, if in Baltimore, Give Street and Number. } 331 E North Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 5th 1866

AGE 41 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Francis Ruth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theresa Terlig

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Riesenhon

(Address) 331 E North Av

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1907

I HEREBY CERTIFY, That I attended deceased from 1 April 1906 to Oct. 21st 1907 that I last saw h Cr alive on Oct. 20th 1907, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy
Heart disease

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robert Hoffmann M.D.

Address 1325 Park Ave

Date Oct. 22d 1907

Place of Burial New Cathedral

Date Oct 24th 1907

Undertaker A Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 Registered No. B C 5829 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Mitchell

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Inf. Asy, Govanstown

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Oct 1 1907

AGE ..... years, 1 month, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19, 20, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 20 1907

that I last saw h[illegible] alive on Oct 19 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. B. Hayward M.D.

Address 1230 N Caroline

Date 10-21, 1907

Place of Burial New Cathedral

Date 10-23 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5830 Registered No. B [illegible] 1514

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Meyers

{ Residence, if in Baltimore, Give Street and Number. } St Vincent's Infant Asy.

Duration of Residence in Baltimore. Lifetime C 5830

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Oct 1, 1907

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or country) ~

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address) .....

Filed 10/23 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 21 1907

that I last saw h[illegible] alive on Oct 20 1907

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Hayward M.D.

Address 1230 N Caroline

Date Oct 21 1907

Place of Burial New Cathedral

Date 10-23-07 1907

Undertaker Martin Gorsuch & Son

Address 1062 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5831 Registered No. B C 5831

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Henry,

{Residence, if in Baltimore, Give Street and Number.} St Vincts Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Sept. 2, 1907

AGE ..... years, 1 month, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1907 to Oct 20 1907 that I last saw h-r alive on Oct 20 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carolina

Date 10/21 1907

Place of Burial Glen Carbonas

Date Oct 22 1907

Undertaker M Dohany Sons

Address N Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 Stockton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Turner

{Residence, if in Baltimore, Give Street and Number.} 1303 Stockton St

Duration of Residence in Baltimore. Lifetime

C 5832

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col,

DATE OF BIRTH Dont know 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno Hopkins

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bisht Jr

(Address) 1107 Druid Pl

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Oct 21 1907

that I last saw her alive on Oct 20 1907

and that death occurred, on the date stated above, at 7 30 a M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Breast

= Exhaustion =

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C Houck M.D.

Address 914 Penna Ave

Date October 21 1907

Place of Burial Mt Auburn Cemetery

Date Oct 23rd 1907

Undertaker J. A. Bisht Jr.

Address 1107 Druid Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 5833 Registered No. B C 5833

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 Druid Hill Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Louise Olmen

{ Residence, if in Baltimore, Give Street and Number. } 1829 Druid Hill ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Dont Know 1

AGE 44 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Richard Moore

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Burke

(Address) 1107 Druid Hill Ave

Filed 10/23 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22d 1907

I HEREBY CERTIFY, That I attended deceased from Sept 21st 1907 to Oct 22d 1907 that I last saw h[illegible] alive on Oct 21st 1907, and that death occurred, on the date stated above, at 3-45 P. M. CAUSE OF DEATH (Secondary or Immediate) Primary Cancer of Uterus Began July 1906 Recurrence in Mesentery. Asthenia Two Months (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1220 E. Fayette

Date Oct 23d 1907

Place of Burial Forest Lawn

Date Oct 24. 1907

Undertaker J A Burke

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 5834

CERTIFICATE OF DEATH.

97

Place of Death.) No. 924 N Castle. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth G Branfleet
Branfleck

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 51

C 5834

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16th. 1833

AGE 73 years, months, days

~~SINGLE~~ MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Prussia

FULL NAME OF FATHER Henry Mothman

BIRTHPLACE OF FATHER (State or country) Prussia

MAIDEN NAME OF MOTHER Elizabeth Mothman

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina E Brattenck

(Address) 453 Putnam Pl.

Filed 10/13 1907

HARRY O. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 - 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1907 to Oct 22 1907

that I last saw h alive on " 1907

and that death occurred, on the date stated above, at 2.30 P M.

CAUSE OF DEATH (Secondary or Immediate)

Cholera

1/2 yr. (DURATION) DAYS

Contributory (Primary.) Cardiac Exhaustion (DURATION) DAYS

(Signed) W J Hopkins M.D.

Address 2008 Ashland Ave

Date Oct. 23 - 1907

Place of Burial Bald Cemetery

Date October 24. 1907

Undertaker Wm. Lee Cook

Address 502 E Monument St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

194

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5835

Registered No. B .....

City of Baltimore, (No. 1646 N Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John G. Hager

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. (Month) 8th (Day) 1834 (Year)

AGE 73 years, ~~months~~, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Co. Md.

FULL NAME OF FATHER Richard Hager

BIRTHPLACE OF FATHER (State or country) Balto. Co. Md.

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Balto. Co. Md.

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Hager

(Address) 1646 N. Gilmor

Filed 10/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1905 to Oct 20 1907

that I last saw h~~is~~ alive on Oct. 21 1907,

and that death occurred, on the date stated above, at 1153 P. M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart, Contracted Early

2 to 3 yrs. (DURATION) ~~DAYS~~

Contributory Dropsy

2 yrs (DURATION) ~~DAYS~~

(Signed) Ed. Gueck M. D.

Oct 22 1907 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Arcadia Balto Co Md

DATE OF BURIAL Oct 23 1907

UNDERTAKER Wm Cook

ADDRESS 502 E Pratt St

C 5836

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard M. Shoop

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 5.836

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 25 years, months, days	
SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore City, Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Edgar Bonsall, Supt.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 10/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 11. 1907 to Oct. 21. 1907 that I last saw him alive on Oct. 21. 1907 and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

E. Tuberculosis

(DURATION) 10 DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) Unknown

(Signed) H M Andrews M.D.

Address Bay View Asylum

Date October 21. 1907

Place of Burial Loudon Park

Date Oct 22d 1907

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5837 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elijah Anderson

{Residence, if in Baltimore, Give Street and Number.} 725 Fremont Ave.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Eliza Anderson

BIRTHPLACE OF FATHER (State or country): Calvert Co

MAIDEN NAME OF MOTHER: Ann Johnson

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Enles

(Address) Coal Water F & Balto Co

Filed 10/23 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1907 to Oct 21 1907

that I last saw her alive on Oct 21 1907

and that death occurred, on the date stated above, at 1.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. Edw. Smith M.D.

Address 938 Hanover St

Date Oct 22 1907

Place of Burial Mt Auburn Cem

Date Oct 24th 1907

Undertaker Brown's Sons

Address 108 N Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, STATE OF MARYLAND

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5838

City of Baltimore, (No. 421 E Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis E Moser

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Moser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret A Moser

(Address) 421 E Preston St

Filed 10/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Oct 21 1907

that I last saw him alive on Oct 20 1907,

and that death occurred, on the date stated above, at Noon

M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Chronic (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H D Kirby M. D.

Oct 22 1907 (Address) 110 E Northern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Ridge — DATE OF BURIAL: Oct 24 1907

UNDERTAKER: Robt T Turner — ADDRESS: H 1442 W Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2

C 3389

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 622 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stasia Dembowski

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH October 17 1907

AGE ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Dombrowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Franzis Iwanowski

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: John Dombrowski

(Address) 622 S. Bond St

Filed 10/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1907

I HEREBY CERTIFY, That I attended deceased from October 22 1907 to October 22 1907 that I last saw her alive on October 22 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convolsion (DURATION) 1 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) S. J. Szymanski M.D.

Address 722 S. Ann St

Date October 22 1907

Place of Burial Holy Rosary.

Date Oct 23rd 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5840

CERTIFICATE OF DEATH.

277

(Place of Death.) No. 1027 Wilcox St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Delia W. Kelly

{Residence, if in Baltimore, Give Street and Number.} 1027 Wilcox St.

Duration of Residence in Baltimore. 30 years C 5840

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 23, 1868

AGE 38 years, 10 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Ward

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary O'Neill

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1027 Wilcox

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Oct 23 1907

that I last saw h alive on Oct 22 1907,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Arthritis deformans

(DURATION) — DAYS

(Signed) Bernard Wms M.D.

Address 825 E Chase St

Date Oct 23- 1907

Place of Burial Cathedral

Date Oct. 26, 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 5841 Registered No. B

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. St. Joseph's Ferran Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Milborn

{ Residence, if in Baltimore, Give Street and Number. } Cheapeake St. Sparrows Point.

Duration of Residence in Baltimore.

C5841

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ?

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) England

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Connor

(Address) 735 Eastern Ave Apt

Filed 10/23 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 22 1907

that I last saw h in alive on Oct 22 1907,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia -
Oedema of lungs

(DURATION) DAYS

Contributory (Primary.)

Labor pneumonia (DURATION) 4 DAYS

(Signed) Wm Schmit M.D.

Address St Joseph's Hospital

Date Oct 22nd 1907

Place of Burial St Patricks Cemetery

Date Oct 23rd 1907

Undertaker Crowley Bros.

Address 251 N. Hilton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

1991

(Place of Death.) No. 1034 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Hall C5842

{Residence, if in Baltimore, Give Street and Number.} 1034 Clifton Place

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 20 th 1888

AGE 19 years, 7 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Hall

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Rogers

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Sewing Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Dwyer

(Address) 1034 Clifton Place

Filed 10/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Oct. 22 1907

that I last saw h[illegible] alive on " 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Complication of diseases

(DURATION) DAYS

Contributory (Primary) Endocarditis (DURATION) DAYS

(Signed) W. F. Rogers M.D.

Address Prof. Oshaughnessy

Date Oct. 23 07 1907

Place of Burial Cathedral

Date October 24, 1907

Undertaker H. C. Hirdefeld

Address 917 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5843

City of Baltimore, (No. 1916 N. Castle St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Susie E. Boland Bokel

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH August 8 1855 (Month) (Day) (Year)

AGE 52 years, 2 months, - days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Douglas Granell

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Chandelin

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1916 N. Castle St

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22, 1907. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1907 to Oct. 22, 1907

that I last saw h alive on Oct. 22 1907,

and that death occurred, on the date stated above, at 4.45 P. M. The CAUSE OF DEATH was as follows:

cerebral hemorrhage

(DURATION) ! DAYS

Contributory arteriosclerosis ?

(DURATION) ! DAYS

(Signed) S. Lee Andrews M. D.

Oct. 23 1907 (Address) 1205 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Redeemer | DATE OF BURIAL Oct. 25, 1907

UNDERTAKER H. C. Wiedefeld | ADDRESS 917 Gunnell Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

CERTIFICATE OF DEATH.

1201

(Place of Death.) No. 1701 Latrobe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Aurelia Smith
wife of Edmund J. Smith

{ Residence, if in Baltimore, Give Street and Number. } 2429 Belmont ave

Duration of Residence in Baltimore. about 20 years C5844

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept 1st 1864

AGE 38 years, one months, 22 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Prince Geo. Co. Md.

FULL NAME OF FATHER Joseph Burgess

BIRTHPLACE OF FATHER (State or country) Prince Geo. Co. Md

MAIDEN NAME OF MOTHER Priscilla Thompson

BIRTHPLACE OF MOTHER (State or country) Annarundel Co. Md

OCCUPATION OF DECEASED Laundry work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Payne

(Address) 1701 Latrobe St

Filed 10/23" 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to Oct 22 1907

that I last saw h[illegible] alive on Oct 19 1907

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Nephritis

one year (DURATION) DAYS

Contributory (Primary) Asthma

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road

Date October 22- 1907

Place of Burial Laurel

Date Oct 24th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

1017

CERTIFICATE OF DEATH.

(Place of Death.) No. 2706 Parkwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Milton E Lerch (Lerch)

{Residence, if in Baltimore, Give Street and Number.} 2706 Parkwood Ave

Duration of Residence in Baltimore. Life C5845

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 25th 1898

AGE: 9 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward M Lerch

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lena A. Kniesel

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward M. Lerch

(Address) 2706 Parkwood Ave

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Oct 21 1907

that I last saw h[illegible] alive on Oct 21 1907

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion & Heart Failure

(DURATION) 16 Days

Con'tributory (Primary.) Tonsilitis

(DURATION) 15 Days

(Signed) Howard Letz M.D.

Address 914 N Charles St

Date Oct 22 1907

Place of Burial London Park Cem

Date Oct 24th 1907

Undertaker C Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 (1) C 5845 Registered No. B 152

CERTIFICATE OF DEATH.

(Place of Death.) No. 553 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of James & Agnes Peters.

{ Residence, if in Baltimore, Give Street and Number. } 553 Oxford St.

Duration of Residence in Baltimore. Seven days - C 5846

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH October 15 1907

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto, Md

FULL NAME OF FATHER Solomon Peters

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Agnes Carroll

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Peters

(Address) 553 Oxford Street

Filed 10 / 23 .. 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct, 15 1907 to Oct 22 1907

that I last saw h 22 alive on " " 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Debenebrage -

Six Hours. (DURATION) DAYS

Con'ributory (Primary) Parting 2
umbilical cord (DURATION) DAYS

(Signed) W. W. Bowen M.D.

Address Md. General Hosp.

Date Oct 23 1907.

Place of Burial Mt. Auburn Cemetery

Date October 24, 1907

Undertaker Alex. Hemsley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert D Ginter

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. Life C 5847

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J George Ginter

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Christina Ginter

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address)

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1904 to Oct. 22 1907 that I last saw h— alive on Oct 22 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Debility - Dementia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis - (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 22 1907

Place of Burial Loudon Park

Date 10/24 1907

Undertaker Wm J Schilling

Address 9 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5848 Registered No. .....

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 835 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Nixon.

{ Residence, if in Baltimore, Give Street and Number. } 835 W. Franklin St.

Duration of Residence in Baltimore. 3 Years C 5848

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 4 1837

AGE: 70 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charleston S.C.

FULL NAME OF FATHER: John B. Nixon

BIRTHPLACE OF FATHER (State or country): S.C.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs P. Nixon

(Address) 835 W. Franklin St

Filed 10/23 1907

HARRY O. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday Oct 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1907 to Oct 22nd 1907

that I last saw h alive on Oct 22nd 1907,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senile Entiritis.

(DURATION) 8 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) [signature] M.D.

Address 607 N. Arlington Ave

Date Baltimore Oct 23rd 1907

Place of Burial Loudon Park

Date October 25 1907 190

Undertaker Geo. W. Little,

Address 531 N-Fremont AVE-

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Ruskin Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William H Cassell

{Residence, if in Baltimore, Give Street and Number..} 1534 Ruskin Ave.

Duration of Residence in Baltimore. Life C5849

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 9 1904

AGE: 2 years, 10 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: W. H. Cassell

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Alice Reald

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. F. Robinson

(Address) 837 N. Eutaw St.

Filed 10/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 23" 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 20" 1907 to Oct. 22" 1907

that I last saw him alive on Oct 22" 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup.

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Oct. 23" 1907

Place of Burial Mt. Olivet Cem.

Date Oct. 24 1907

Undertaker Geo. W. Little

Address 331 N. Fremont Ave.

10 A. M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Lilly

{ Residence, if in Baltimore, Give Street and Number. } Curtis Bay - A. A. Co Md

Duration of Residence in Baltimore... ten-months C5850

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ...1...

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Eugene Lilly

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ellen Cooke

BIRTHPLACE OF MOTHER (State or country): A.A. Co. Md.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Schaefer

(Address) Curtis Bay. A.A.Co. Md

Filed 10/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull & Cerebral Hemorrhage (Homicide)

... (DURATION) — DAYS

Contributory (Primary.) Struck by train (DURATION) — DAYS

(Signed) Benj. S. Hanson M.D. Coroner

Address 1216 E. Caroline St.

Date Oct. 23 - 1907

Place of Burial Cedar Hill Cem.

Date October 26. 1907

Undertaker Jos Stonebraker

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C5851

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Murphy

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH

AGE 60 years, months, days 1

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Oct 22 1907 that I last saw h.. alive on Oct 22 1907 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage (Pulmonary)

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 7 DAYS

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 23 1907

Place of Burial Sacred Heart

Date Oct. 24" 1907

Undertaker Evans & Spence

Address 1874 W. Mt. Royal Ave.

W. J. C. DULANY CO., BALTIMORE

C 5852

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 648 Cider Alley ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Veronica Dean

{Residence, if in Baltimore, Give Street and Number.} 648 Cider Alley

Duration of Residence in Baltimore. Life

C 5852

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: John Dean

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dean

(Address) 648 cider alley

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21 1907 to Oct 22 1907

that I last saw h[illegible] alive on Oct 21 1907

and that death occurred, on the date stated above, at 1 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Diarrhoea

(DURATION) 14 DAYS

(Signed) V Van Williams M.D.

Address 601 N Carrollton Ave

Date Oct 24 1907

Place of Burial Mt Auburn cemetery

Date Oct 24 1907

Undertaker Wm H Hooper

Address 609 Little Pacca st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5855 Registered No. D ...

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice J Johnson

{Residence, if in Baltimore, Give Street and Number.} 1631 Bruce St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored.

DATE OF BIRTH: Nov 10 1906

AGE: ....years, 11 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Saml Johnson

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Ella Dorsey

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Johnson

(Address) 1631 Bruce St.

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 23 1907

that I last saw h[er] alive on Oct 22 1907.

and that death occurred, on the date stated above, at 1-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 3 DAYS

Con'ributory (Primary.)

asphyxia (DURATION) 1' DAYS

(Signed) F E Daugherty M.D.

Address 2506 Penna ave

Date 10/23/ 1907

Place of Burial Mt Arbarn

Date Oct 24 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3654 Registered Number 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George. H. Jontz

{ Residence, if in Baltimore, Give Street and Number. } 527 N. Stricker r

Duration of Residence in Baltimore. 20 yrs C5854

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1839

AGE: 68 years, c months, c days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Co

FULL NAME OF FATHER: Geoge. B. Jontz

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Charlotte Ruppley

BIRTHPLACE OF MOTHER (State or country): Balt Co

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Allie Bushey

(Address) 237 N. Gilmor St

Filed 10/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 - 1907.

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Oct 22 1907, that I last saw him alive on Oct 22 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis
(about 6 months -

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. W. C. Cuddy. M.D.

Address 937 Madison Ave.

Date Oct. 22 1907

Place of Burial London Park Co

Date Oct 25 1907

Undertaker Jos. Joerdens, Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817 Aiken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph A. Dempsey

{Residence, if in Baltimore, Give Street and Number.} In. 1817 Aiken Street

Duration of Residence in Baltimore. Lifetime C5855

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH November 21, 1884

AGE 22 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER John Dempsey

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Mary A. Ward

BIRTHPLACE OF MOTHER (State or country) Washington D.C.

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Dempsey

(Address) 1817 Aiken St.

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1907 to Oct. 23, 1907 that I last saw him alive on Oct. 22, 1907; and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

About Two hours (DURATION) DAYS

Contributory (Primary.) Pulmonary

Tuberculosis (DURATION) DAYS

(Signed) R. R. Elwell M.D.

Address 1241 Harford Ave

Date October 23, 1907

Place of Burial Holy Cross Cemetery

Date October 25 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 6 C 5856 614

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary G Kearney

{Residence, if in Baltimore, Give Street and Number.} 925 Valley St.

Duration of Residence in Baltimore. Life C 5856

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26th 1904

AGE: 3 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles Kearney

BIRTHPLACE OF FATHER (State or country): Harford Co. Md

MAIDEN NAME OF MOTHER: Sarah Carter

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Kearney

(Address) 925 Valley St.

Filed 10/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 22, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1907 to Oct 22, 1907

that I last saw h[illegible] alive on Oct 22, 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

Several weeks' (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A A Elwell M.D.

Address 1241 Hanford ave

Date Oct. 22, 1907

Place of Burial Holy Cross Cemetery

Date Oct 24 1907

Undertaker Ebenezer Hauch & Son.

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

108

CERTIFICATE OF DEATH.

(Place of Death.) No. 758 N. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene S. Shiloh

{Residence, if in Baltimore, Give Street and Number.} 758 N. Hamburg

Duration of Residence in Baltimore. Unknown C5857

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 09 1833

AGE: 74 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Stanley Shiloh

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rebecca Shiloh

(Address) 758 N. Hamburg

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1907 to Oct. 22, 1907

that I last saw him alive on Oct. 22, 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Obstruction of Bowel

(DURATION) 6 DAYS

Contributory (Primary.) Old Age

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 663 Columbia Ave.

Date Oct. 23, 1907

Place of Burial Loudon Park

Date Oct 25 1907

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

Dr. Jas. Lumpkin

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5858 120

CERTIFICATE OF DEATH. C 5858

(Place of Death.) No. ~~810~~ Burgundy Place - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Zimmel

{Residence, if in Baltimore, Give Street and Number.} ~~[illegible]~~ 810 Burgundy Place

Duration of Residence in Baltimore. Lived about 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 29 1841

AGE 66 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Rotzel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Zimmel

(Address) ~~[illegible]~~ 819 Burgundy Place.

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906, to Oct 22 1907 that I last saw h[illegible] alive on Oct 21 1907, and that death occurred, on the date stated above, at 10.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) 60 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 11 [illegible] DAYS

(Signed) L. McLaughlin M.D.

Address 602 N Paca St.

Date Oct 23 1907

Place of Burial Western Cem

Date Oct 25 1907

Undertaker N. J. Tuckerstons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Mrs Laughlin

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ...

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 80 9 N Vincent St C5859 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Francis Harrison

{ Residence, if in Baltimore, Give Street and Number. } 80 9 N Vincent St

Duration of Residence in Baltimore... 1 Year and 7 Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1906

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Harrison

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Frances Streams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Streams

(Address) 809 N. Vincent St

Filed 10/24/07 190... HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1907 to 22nd 1907 that I last saw h[illegible] alive on Oct 22nd 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure (and lack of Medical attention in the early stages of attack) (DURATION) ... DAYS

Contributory (Primary.) Acute Bronchitis (DURATION) 7 DAYS

(Signed) J. Martin Hays M.D.

Address 901 N. Stricker St

Date Oct. 23rd 1907

Place of Burial New Cathedral

Date Oct 25th 1907

Undertaker Sam'l H. Baer Son

Address 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 5860 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 1602 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie L. Jones.

{ Residence, if in Baltimore, Give Street and Number. } 1602 Division St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1881

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John A. Credit

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Wintina Caufield

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wintina Credit

(Address) 1602 Division St.

Filed 10/24 1907 HENRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1907 to Oct. 23rd 1907

that I last saw her alive on Oct. 22 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia & Endo-Pericarditis.

(DURATION) DAYS

Contributory (Primary) Arteriolar Nephritis

6 weeks (DURATION) DAYS

(Signed) W. J. Cam, Jr. M.D.

Address 515 Mosher St.

Date Oct. 23rd 1907

Place of Burial Lowell Cem

Date Oct 25th 1907

Undertaker Sam'l H. Grace & Son

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Harford ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas E Booze

{Residence, if in Baltimore, Give Street and Number.} 1709 Harford ave

Duration of Residence in Baltimore. Life C 5861

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James M Booze

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary E Delecher

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Tin Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Booze

(Address) 1709 Harford ave

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from 21 day Oct 1907 to 22 day Oct 1907, that I last saw him alive on 22 Oct 1907, and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary) Gen Dropsy

Brights Kidney disease (DURATION) 9 months DAYS

(Signed) Geo W. Simpson M.D.

Address 1026 N. Broadway

Date Baltimore Oct. 23 1907

Place of Burial Balto Cemetery

Date Oct. 25 1907

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2809 W Hartman

Full Name Margaret A Harris.

{Residence, if in Baltimore, Give Street and Number.} 2809. W Hartman

Duration of Residence in Baltimore Life

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) St.

C 5862

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH .....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md Balto

FULL NAME OF FATHER Major G Harris

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Margaret E Walker

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Major Harris

(Address) 2809 W Hartman

Filed 10/24 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-23rd 1907

I HEREBY CERTIFY, That I attended deceased from Oct-22 1907 to Oct-23 1907

that I last saw h er alive on Oct. 23 1907,

and that death occurred, on the date stated above, at 12 a m. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

Contributory (Primary) Laryngeal Tuberculosis (DURATION) 2 DAYS / 1 Year 9 Mos

(Signed) Emmet Jones M.D.

Address 1744 N Paca St

Date Oct-23 1907

Place of Burial Baltimore Cem

Date Oct. 26 1907

Undertaker Wm Pool

Address Dor & Hartman

WM. J. C. DULANY CO., BALTIMORE.

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. North Ave - nr Maryland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Carried to St Lukes Hospital

Full Name Edward Pennock

{Residence, if in Baltimore, Give Street and Number.} Lived at Towson Md

Duration of Residence in Baltimore. Do

C5863

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: June 14 1886	
AGE: 21 years, 4 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Chas Pennock	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Francis R. Turnbull	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Farming	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Pennock

(Address) Town

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Clinton Smithurst M.D.
Coroner

Address 1818 N. Charles

Date Oct 22 1907

Place of Burial Westminster Date Oct 25 1907

Undertaker Wm Cook

Address 202 E. North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5864 Registered No. B C 5864

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret E. Hughes

{Residence, if in Baltimore, Give Street and Number.} 226 W. Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 42 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Rufus Blondon

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Carpenter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phoebe Hughes

(Address) 226 W Cross St

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Oct 22 1907

that I last saw her alive on Oct 21 1907

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) (?) DAYS

Contributory (Primary.) Carcinoma of Uterus (DURATION) (?) DAYS

(Signed) H S McCaul M.D.

Address 136 W Hill

Date 10/23 1907

Place of Burial Mt Auburn Cemetery

Date Oct 26 1907

Undertaker John H Toadvine

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 Alicanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Harper

{ Residence, if in Baltimore, Give Street and Number. } 1517 Alicanna St

Duration of Residence in Baltimore.....

C5865

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr. 7 1843

AGE: 60 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Chas Robt Fennessy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Carroll

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Harper

(Address) 1517 Alicanna St

Filed 10/24 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22nd 1907

I HEREBY CERTIFY, That I attended deceased from August 1907 to Oct. 22 1907

that I last saw him alive on Oct 22 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis & Endocarditis

Several years (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Maurice Lazenby M.D.

Address 321 W. North Ave

Date October 23 1907

Place of Burial St. Patricks

Date Oct 25th 1907

Undertaker Jno. A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE

Dr. Lazenby
21 Park ave

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 13. S. Paturpent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Beardsley

{Residence, if in Baltimore, Give Street and Number.} 13 S. Paturpent St.

Duration of Residence in Baltimore. C5866

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Nov. 7 1869
AGE	38 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Penn.
FULL NAME OF FATHER	John Boderick
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Gilligan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Boderick

(Address) 13 S. Paturpent St

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Oct 23 1907

that I last saw her alive on Oct 23 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of heart (acute)

(DURATION) — DAYS

Con'tributory (Primary) Aortic Regurgitation (DURATION) years

(Signed) J. W. Pearman M.D.

Address 2806 E Baltimore

Date Oct 24 1907

Place of Burial Cathedral Cem.

Date Oct. 26th 1907

Undertaker John A. Inman

Address Bank & Amelia

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 622 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary Sanford

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore 4 days C5867

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct 18 1907

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Lewis Sanford

BIRTHPLACE OF FATHER (State or country): Hamilton W. Va.

MAIDEN NAME OF MOTHER: Mary Cooper

BIRTHPLACE OF MOTHER (State or country): Hamilton W. Va.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sanford.

(Address) 56 Bruce St.

Filed 10/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 21 1907

that I last saw him alive on Oct 21 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 4 DAYS

Contributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) L. M. Allen M.D.

Address 622 W. Lombard St.

Date Oct 23 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 23 1907 190

Undertaker Geo. Lodge Smith

Address South Charles St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

85 - -

C 5868

CERTIFICATE OF DEATH.

C 5868

(Place of Death.) No. 1420 Chappell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Porker.

{ Residence, if in Baltimore, Give Street and Number. } 1420 Chappell St.

Duration of Residence in Baltimore. 2 yrs. 1 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | ~~COLOR~~ Colored

DATE OF BIRTH 1

AGE 2 years, 1 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Joseph Parker

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Charity Smith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Parker

(Address) 1420 Chappell St.

Filed 10/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1907 to Oct 23 1907

that I last saw her alive on Oct 22 1907,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Infantile Paralysis.

(DURATION) 19 DAYS

Con'ributory (Primary.) Enteritis.

(DURATION) 2 mos. DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date Oct 23 1907

Place of Burial Annapolis Junction Howard Co. Md.

Date October 25 1907

Undertaker JAMES H. DENNIS

Address 1852 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 E. Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1416 E. Monument st.

Duration of Residence in Baltimore. Life C5869

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH – 1

AGE: 4 years, ___ months, ___ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Hoffman

BIRTHPLACE OF FATHER (State or country): Prussia

MAIDEN NAME OF MOTHER: Sarah Hoffman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Hoffman

(Address) 1416 Monument st

Filed 10/24 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to Oct 24 1907

that I last saw her alive on Oct 23 1907,

and that death occurred, on the date stated above, at 6 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia from Burns.

accidentally received, while playing with matches in the (DURATION) DAYS

Contributory (Primary of Arm & Thigh (DURATION) 5 days

(Signed) Chas Rogers M.D.

Address Hebrew Hospital

Date 10/24-07 1907.

Place of Burial Hebrew Herring Run

Date Oct 24, 1907

Undertaker Max Lennson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1308 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant child of

Full Name of John E. & Ida V. McFarland

{ Residence, if in Baltimore, Give Street and Number. } 1308 Light St

Duration of Residence in Baltimore. Life C5870

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH Oct. 23d 1907

AGE ..... years, ... months, 1/2 hour

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John E. McFarland

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Ida V. Bevens.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. McFarland.

(Address) 1308 Light St.

Filed 10/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23d 1907

I HEREBY CERTIFY, That I attended deceased from ——— 1907 to ——— 1907

that I last saw h[illegible] alive on Oct. 23d 1907,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. H. Hayden M.D.

Address 1425 Light St.

Date Oct. 23d. 1907

Place of Burial Dam Cemetery

Date 10/24/07 190

Undertaker J. Henry & Son

Address 900 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 650 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul. Jones

{ Residence, if in Baltimore, Give Street and Number. } 650 W Balto St

Duration of Residence in Baltimore. Life C5871

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 21 1907

AGE: ..... years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Rida Jones

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roth Brooks & Son

(Address) 1204 W Balto St

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1907 to Oct 23 1907 that I last saw him alive on X 1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

3 weeks (DURATION) 6 DAYS

Contributory (Primary.) Inherited trouble (DURATION) X DAYS

(Signed) E. L. Peterson M.D.

Address 1103 N. Eden St

Date Oct 24 1907

Place of Burial H Peters Cem

Date Oct 24 1907

Undertaker Roth Brooks & Son

Address 1204 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Ward ....

921

CERTIFICATE OF DEATH.

(Place of Death.) No. 2514 Hudson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh Toland

{ Residence, if in Baltimore, Give Street and Number. } 2514 Hudson St.

Duration of Residence in Baltimore. C5872

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1842

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 2514 Hudson St.

Filed 10/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1907 to Oct 23rd 1907

that I last saw him alive on Oct 23rd 1907

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

2 years (DURATION) ... DAYS

Contributory (Primary.) Bronchitis

Pneumonia (DURATION) 4 DAYS

(Signed) J B Summers M.D.

Address 219 E. Preston

Date Oct 24/07 1907

Place of Burial Phila Pa

Date October 26 1907

Undertaker Evans & Spence

Address 118 N. Mt. Royal.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph E. Blondell

{ Residence, if in Baltimore, Give Street and Number. } 869 N. Howard St

Duration of Residence in Baltimore... life

C5873

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: 1854

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Mat Blondell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Conner

BIRTHPLACE OF MOTHER (State or country): A. L.

OCCUPATION OF DECEASED: U.S. Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Blondell

(Address) 869 N. Howard St.

Filed 10/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 23d 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to Oct 190

that I last saw h[illegible] alive on — 190—,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from Fractured leg-

(DURATION) — DAYS

Contributory (Primary.) (accidental fall) a.d.s.

(DURATION) — DAYS

(Signed) Benj. D. Stapleton M.D.

Address 1216 N. Caroline St

Date Oct. 24 1907

Place of Burial New Cathedral Cem

Date Oct. 25 1907

Undertaker Chas. E. Fawsett

Address 446 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 710 S. Montford ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vaclav Filip

{ Residence, if in Baltimore, Give Street and Number. } 710 S. Monford ave

Duration of Residence in Baltimore. C5874

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Filip

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) a

OCCUPATION OF DECEASED Cobbler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Cooper

(Address) 710 S. Monford ave

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 (11 A.M.) 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 23 1907

that I last saw h alive on Oct 22 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

apoplexy

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentini M.D.

Address 16 S Broadway

Date Oct. 24 1907

Place of Burial St Helena

Date Oct. 25 1907

Undertaker Frank Gaver

Address 1904 Eastern ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 19 V

(Place of Death.) No. 316 N Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Richards

{ Residence, if in Baltimore, Give Street and Number. } 316 N Pine St

Duration of Residence in Baltimore. 24 years C5875

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Virginia.

FULL NAME OF FATHER Henry Turner.

BIRTHPLACE OF FATHER (State or country) Virginia.

MAIDEN NAME OF MOTHER Emily Pierce.

BIRTHPLACE OF MOTHER (State or country) Virginia.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Charles Richards.

(Address) 316 N. Pine. St.

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 - 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Oct 23 1907

that I last saw h— alive on Oct 23 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Asthma. Dropsy

Contributory (Primary) Heart (DURATION) 36 DAYS

(DURATION) 3 DAYS

(Signed) G W Kennard M.D.

Address 70 Cross St

Date Oct 23 1907

Place of Burial Portconoway Wharf. King George Co. Va.

Date Oct. 25. 1907

Undertaker Felix. B. Pye.

Address 102. E. Mulberry. Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1202

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5876

Registered No. B.....

City of Baltimore, (No. 218, Carroll St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth E. Wright

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 1st (Day) 1854 (Year)

AGE: 53 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos. J. Miller

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Hoshell

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. C Masenheimer

(Address) 516 Falls Rd

Filed 10/24 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h er alive on Oct. 23 190 7,

and that death occurred, on the date stated above, at 3.10 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 8 yrs. DAYS.

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Harrison G. Cooper M. D.

190 (Address) 2426 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hareford & Balto Co Md	Oct 25 1907
UNDERTAKER	ADDRESS
Wm E Chenoweth	919 3rd ave

Bon

Ward 1

106V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2941 St Paul St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Marshall Smith

{Residence, if in Baltimore, Give Street and Number.} 2941 St Paul St

Duration of Residence in Baltimore. 15 years C5877

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Oct 29 1823	
AGE: 83 years, 11 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Fauquier Co Va	
FULL NAME OF FATHER: Thomas Marshall	
BIRTHPLACE OF FATHER (State or country): Virginia	
MAIDEN NAME OF MOTHER: Margaret W. Lewis	
BIRTHPLACE OF MOTHER (State or country): Virginia	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt W Smith

(Address) 2941 St Paul St

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Oct 23 1907 that I last saw her alive on Oct 23 1907, and that death occurred, on the date stated above, at 10.2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Terminal)

(DURATION) DAYS

Contributory (Primary.) Diarrhoea

(DURATION) 28 DAYS

(Signed) Henry Lee Smith M.D.

Address 253 St Paul St

Date Oct 23rd 1907

Place of Burial Warrenton Va

Date Oct 25th 1907

Undertaker Henry U. Mears & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single), *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1929 E. Chase St ~~Mrs Jennie Miller~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Jennie Miller

{ Residence, if in Baltimore, Give Street and Number. } 1929 E. Chase St

Duration of Residence in Baltimore. Life

C 5828

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov 21 1872

AGE 34 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Loritz

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Patterson

(Address) 1929 E. Chase St

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Oct 23rd 1907 that I last saw her alive on Oct 23rd 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

Syphilis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferis Busk M.D.

Address 1127 N. Caroline St

Date Oct 24th 1907

Place of Burial St Alphonsus Cemetery

Date Oct 25 1907

Undertaker Henry Loritz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

C 5879

missing

CERTIFICATE OF DEATH.

(Place of Death.) No. 1430 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura J. May (May)

{Residence, if in Baltimore, Give Street and Number.} 1430 Hollins St

Duration of Residence in Baltimore. 46 Years C 5880

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Sharpsburg, Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus A Rhoderick

(Address) 23 N. Schroder St

Filed 10/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 23 1907

that I last saw h— alive on Oct 23 1907

and that death occurred, on the date stated above, at ——

——M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) ..... DAYS

Con'ributory (Primary.) Paralysis

(DURATION) ..... DAYS

(Signed) J. E. Pound M.D.

Address 1302 W. Lombard St

Date Oct 24 1907

Place of Burial London Park

Date Oct 26th 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5881

Registered No. B

City of Baltimore, (No. 1620, Linden Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Lucy Abrams Lockcart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wh

DATE OF BIRTH: May 22 1907 (Month) (Day) (Year)

AGE: 59 years, 5 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Woodward Abrahams

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret Elizabeth Liffig

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Royal Lockcart

(Address) 1620 Linden Av

Filed 10/25" 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 22 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 2 1907 to Oct 22 1907

that I last saw h e alive on Oct 22 1907,

and that death occurred, on the date stated above, at 9:30 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of abdomen
or Jaws starting in ovary
extending by peritoneum
stomach & intestines (DURATION) 2 years DAYS

Contributory Asthenia (DURATION) 3 months DAYS

(Signed) Julius Friedenwald M. D.

Oct 24 1907 (Address) 7 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: Oct 23 1907

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

C 5882

101

CERTIFICATE OF DEATH.

(Place of Death.) No. 1936 W. Franklin St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Simon Bernstein

{Residence, if in Baltimore, Give Street and Number.} 1936 W. Franklin St

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Male | COLOR White

DATE OF BIRTH January 18th 1868

AGE 39 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER Nathan A Bernstein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helene Dunid

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Bernstein

(Address) 408 E Clay St

Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23rd 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 17th 1907 to Oct 23 1907, that I last saw him alive on Oct 23 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pharyngitis and
oedema of lungs

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 6 days DATE

(Signed) Chas. H. Buhrt. M.D.

Address 1100 W. Laf. Ave.

Date Oct 23rd 1907.

Place of Burial Mt Lebanon Cem

Date Oct 24 1907

Undertaker Jacob Thomas

Address 1520 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5883

City of Baltimore, (No. 1815, N. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Lavenia A Brady house

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 25th 1858 (Month) (Day) (Year)

AGE: 48 years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Bedie Moore

BIRTHPLACE OF FATHER (State or country): Mayland

MAIDEN NAME OF MOTHER: Mary J. Warrington

BIRTHPLACE OF MOTHER (State or country): Mayland

OCCUPATION OF DECEASED: Howse Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Washington C. Brady house

(Address) 1815 N. Caroline st

Filed 10/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Oct 23 1907 that I last saw her alive on Oct 22 1907, and that death occurred, on the date stated above, at 8.45 A. M. The CAUSE OF DEATH was as follows:

Uterine Cancer

2 years (DURATION) DAYS

Contributory

Asthenia (DURATION) 30 DAYS

(Signed) A D Macdonald M. D.

Oct 23 1907 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: Oct. 26 1907

UNDERTAKER: H Rauch & Sons

ADDRESS: 1310 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 727 Hanover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest Tanner

{Residence, if in Baltimore, Give Street and Number.} 727 Hanover St

Duration of Residence in Baltimore. 42 years C5884

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 13 1840

AGE 67 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Valentine Tanner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Brown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Specialist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Caroline M. Tanner

(Address) 727 Hanover St

Filed 10/25" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22d 1907

I HEREBY CERTIFY, That I attended deceased from oct 20th 1907 to oct 22nd 1907

that I last saw h[e] alive on oct 22nd 1907,

and that death occurred, on the date stated above, at 620 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T J O'Donnell M.D.

Address 1340 S Charles

Date oct 23rd 1907

Place of Burial Cedar Hill

Date Oct 25 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1907

CERTIFICATE OF DEATH.

C 5885

Registered No. B

City of Baltimore, (No. 2101 W. Pratt St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary scheren

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 2 (Day) 1875 (Year)

AGE: 32 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry scheren

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Landenslager

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry scheren

(Address) 2101 W Pratt st

Filed 10/25 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Oct 23 1907

that I last saw h[illegible] alive on Oct 22 1907,

and that death occurred, on the date stated above, at 1.30 A.M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) 1 DAYS

Contributory Arteriosclerosis

(DURATION) 5 [illegible]

(Signed) Hayward Kahn M. D.

10/25 1907 (Address) 2127 W Pratt st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 25 1907

UNDERTAKER: Wm Geo P Paulus

ADDRESS: 2104 Frederick av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5886

City of Baltimore, (No. 11. S. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Robert. Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Feb. (Month) 28th (Day) 1840 (Year)

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Thompson

(Address) 11. S. Caryal —

Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 22 1907 to October 24 1907

that I last saw h[im] alive on October 24 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

one year (DURATION) DAYS

Contributory Hemorrhages

(DURATION) 3 DAYS

(Signed) Joseph Stark M. D.

Oct 24 1907 (Address) 1901 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	Oct 26 1907
UNDERTAKER	ADDRESS
C. F. McCormick	1229 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KODAK SAFETY FILM

CERTIFICATE OF DEATH.

771

(Place of Death.) No. 817 Webster St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Joseph Mason

{ Residence, if in Baltimore, Give Street and Number. } 817 Webster St

Duration of Residence in Baltimore. Life C5887

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX M COLOR B	DATE OF DEATH Oct 19 — 1907
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from 190 to 190
AGE 35 years, months, days	that I last saw h alive on 190, and that death occurred, on the date stated above, at 1140
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	M. CAUSE OF DEATH (Secondary or Immediate
BIRTHPLACE (State or country) Balto Md	Phthisis Pneumonalis
FULL NAME OF FATHER	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country)	Contributory (Primary.)
MAIDEN NAME OF MOTHER	(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country)	Signed Joseph L Carmichael M.D.
OCCUPATION OF DECEASED	Address Coroner
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Oct 24 — 07 190
(Informant)	Place of Burial JOHNS HOPKINS HOSPITAL
(Address)	Date OCT 24 1907 190
Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar	Undertaker (Commissioner Health)
	Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 3 Henrietta St. (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Joseph & Rosa Hall

{Residence, if in Baltimore, Give Street and Number.} 3 Henrietta St (Waverly

Duration of Residence in Baltimore. Life C5888

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/25 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

W. St & Valley N of Brady

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 8 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

6 mo Uncomplicated

(DURATION) ... DAYS

Contributory (Primary.) .....

(DURATION) ... DAYS

(Signed) [illegible] M.D.

Address Coroners Office

Date ..... 190 ....

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 24 1907 190 ....

Undertaker Commissioner Branch.

Address Health Department

FOR ANATOMICAL PURPOSES

239

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry McFadden

{Residence, if in Baltimore, Give Street and Number.} 1020 Hillen st

Duration of Residence in Baltimore. L

C 5889

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: [illegible] 1

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital.

(Address)

Filed 10/25 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 — 1907 to Oct 23 1907 that I last saw h[illegible] alive on Oct 23 1907, and that death occurred, on the date stated above, at 8 45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H H Eaker M.D.

Address City Hospital

Date Oct 24 — 1907

Place of Burial Baltimore Cemetery

Date October 25 1907

Undertaker Henry Hoecke & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 Hanover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick C. Witte

{Residence, if in Baltimore, Give Street and Number.} 721 Hanover St

Duration of Residence in Baltimore. 59 yrs C5890

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 25 1832

AGE: 74 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married - Germ.

BIRTHPLACE (State or country): ~~Frederick C Witte~~

FULL NAME OF FATHER: ~~Frederick~~ C. Witte

BIRTHPLACE OF FATHER (State or country): Germ.

MAIDEN NAME OF MOTHER: Katherine M. Wittendorf

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: ~~Butler~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline L. Witte

(Address) 721 Hanover st

Filed 10/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23d 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Oct 23 1907 that I last saw h~~im~~ alive on Oct 20 1907 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

10 month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) ~~W~~ Hammond Lee M.D.

Address 835 Light st

Date Oct 24th 1907

Place of Burial Balto Cem.

Date Oct 26th 1907

Undertaker J. Schlosman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90V

(Place of Death.) No. 837 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie E. Godfrey

{Residence, if in Baltimore, Give Street and Number.} 837 N. Central ave

Duration of Residence in Baltimore. Lifetime C5891

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 7th 1840

AGE: 67 years, 5 months, 17 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): dont Know

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Godfrey Son

(Address) 1417 E Lanvale st

Filed 10/25 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 24th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1907 to Oct 24th 1907

that I last saw h[er] alive on Oct 23rd 1907

and that death occurred, on the date stated above, at 7:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Diffuse Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O O Stoner M.D.

Address 150 E Eager st

Date October 27th 1907

Place of Burial Baltimore Cemetary

Date October 27th 1907

Undertaker George Schulting & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154 D

(Place of Death.) No. 50 Harford Road St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Sarah Kreitman

{ Residence, if in Baltimore, Give Street and Number. } 50 Harford Road

Duration of Residence in Baltimore. 80 years C 5892

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 12th 1821

AGE: 86 years, 6 months, 12 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Jacob Kreitman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Kreitman

(Address) 50 Harford Road

Filed 10/21 1907

HARRY C. ANDRE'S Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1907 to October 24 1907

that I last saw her alive on Oct. 24th 1907,

and that death occurred, on the date stated above, at 11.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

about 2 weeks (DURATION) DAYS

Contributory (Primary.) Infirmities of Old Age (DURATION) DAYS

(Signed) R. R. Elwell M.D.

Address 1241 Harford Ave

Date Oct. 24 1907

Place of Burial Baltimore Cemetery

Date October 26th 1907

Undertaker George Schellhase & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 1514

(Place of Death.) No. 1130 Wilmer alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Locks C5893

{Residence, if in Baltimore, Give Street and Number.} 1130 Wilmer alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: 1	
AGE: — years, 2 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Balto md~~	
BIRTHPLACE (State or country): Balto md	
FULL NAME OF FATHER: Otto Hearse	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Annie Locks	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Locks

(Address) 1130 Wilmer alley

Filed 10/25 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Sidney Baltzan M.D.

Address 700 Eq. av. (Canton)

Date Oct. 24th 1907

Place of Burial Mt Auburn Ct

Date Oct 25th 1907

Undertaker G 2 Thomas & Son

Address 108 W. Mulg-

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 E. Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Carr

{Residence, if in Baltimore, Give Street and Number.} 905 E. Chase St.

Duration of Residence in Baltimore. 45 years. C 5894

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, — months, — days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Martin Padden

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John Carr

(Address) 905 E. Chase St.

Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Buck

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23d 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16th 1907 to Oct 23 1907 that I last saw h[er] alive on Oct 17th 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Valv. Endocarditis

Patient has been under my care for several (DURATION) DAYS

Con'tributory (Primary.) years

(DURATION) DAYS

(Signed) Jefferson Buck M.D.

Address 2644 St Paul St

Date Oct 24th 1907

Place of Burial Cathedral

Date October 26, 1907.

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5895

City of Baltimore, (No. 815, Willow St.; 10th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Lilis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dunn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs McCabe

(Address) 815 Willow St

Filed 10/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 24th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct-23rd 1907 to Oct-24th 1907

that I last saw her alive on Oct-24th 1907,

and that death occurred, on the date stated above, at 8.30 a.m. The CAUSE OF DEATH was as follows:

Bright's Disease
(Chronic Nephritis)

one year (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) 2 1 DAYS

(Signed) J Wade M. D.

Oct-24 1907 (Address) 621 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Oct 28 1907

UNDERTAKER: H. C. Niedefeld

ADDRESS: 914 Gruman St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William James Wilson

{Residence, if in Baltimore, Give Street and Number.} 524 N. Madeira Street.

Duration of Residence in Baltimore. Life Time C5896

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1863

AGE: 44 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: John H. Wilson

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Louisa Moore

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Wilson

(Address) 933 McDonough St

Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 24th Oct 1907

I HEREBY CERTIFY, That I attended deceased from 9-10-1907 to 23-10-1907 that I last saw him alive on 23-10-1907, and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

2 d 3 wks (DURATION) ___ DAYS

Contributory (Primary.) Miliary Tuberculosis

Several wks (DURATION) ___ DAYS

(Signed) E. M. Boyle M.D.

Address 926 N. Bond St

Date 24th October 1907

Place of Burial Asbury Cemetery

Date Oct 25th 1907

Undertaker Chas. G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

61 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 Millman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter H. Leppich

{Residence, if in Baltimore, Give Street and Number.} 1503 Millman St

Duration of Residence in Baltimore. Life C5897

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Mar 24 1884

AGE: 23 years, mont's, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Francis Leppich

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella Quigley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Bon Binder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Leppich

(Address) 1503 Millman St

Filed 10/25 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Oct 24th 1907

that I last saw him alive on Oct 23rd 1907,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 16 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. C. Stoner M.D.

Address 1504 E Eager

Date Oct 24th 1907

Place of Burial Mt Auburn

Date Oct 26 1907

Undertaker Leo J Thumfs

Address 1424 Biddle

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5898

City of Baltimore, (No. 306 E. Lafayette Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME May Cochran

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1869 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Hampton

(Address) 306 Lafayette Ave

Filed 10/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Oct 23 1907

that I last saw her alive on Oct 23 1907,

and that death occurred, on the date stated above, at 12 5 P.M. The CAUSE OF DEATH was as follows:

Abscess Lower intestines Colon

with Anemia (DURATION) Years DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Francis D. McCarran M.D.

Oct 24 1907 (Address) 416 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Translents, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 26 1907

UNDERTAKER: C. A. Weaver & Son Jr — ADDRESS: 243 Greenmount Ave

Facts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall c physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *forty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Haubert St C5899 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Schoulen

{ Residence, if in Baltimore, Give Street and Number. } 1414 Haubert St.

Duration of Residence in Baltimore. About Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Jan 1st 1866

AGE 41 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Foreman in Clothing House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth Schoulen

(Address) 1414 Haubert St.

Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Oct. 24 1907 that I last saw h[im] alive on Oct. 23 1907, and that death occurred, on the date stated above, at 12.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) 60 DAYS

Contributory (Primary.) Adeno-Sarcoma

(DURATION) — DAYS

(Signed) Frank J Doyle M.D.

Address 1522. E. Fort ave

Date Oct. 25 1907

Place of Burial Oak Hill Cem

Date Oct, 27 1907

Undertaker Jas Stonebreck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79.

(Place of Death.) No. 755 Church Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel H Harris

{ Residence, if in Baltimore, Give Street and Number. } 755 Church Street

Duration of Residence in Baltimore. 11 yrs · C 5900

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Collins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Harris

(Address) 755 Church st

Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28 1907 to Oct 23 1907

that I last saw him alive on Oct 22 1907,

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Disease

about 5 mos (DURATION) DAYS

Contributory (Primary.) Dropsy about 10 mos (DURATION) DAYS

(Signed) C. H. Furstenberg M.D.

Address 712 S. Ships

Date Oct 25 1907

Place of Burial Mt Calvary Walbrook

Date Oct 25 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

272

CERTIFICATE OF DEATH.

Registered No. B C 5901

City of Baltimore, (No. 3534 Park Heights Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mollie Hahn.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov (Month) 13th (Day) 1863 (Year)

AGE: 44 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob Schmidt

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hahn

(Address) 3534 Park Heights ave

Filed 10/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 13th 1907 to Oct 24th 1907

that I last saw her alive on Oct 24 1907,

and that death occurred, on the date stated above, at 8.45 P. M. The CAUSE OF DEATH was as follows:

Exhaustion from inanition

3 or 4 mths (DURATION) DAYS

Contributory Pulm & Laryngeal Tuberculosis - (DURATION) 2 yrs MOS

(Signed) J W Keown. M. D.

Oct 25 1907 (Address) 1938 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 26 1907
UNDERTAKER	ADDRESS
Israel Sper	1611 N Gilmor

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Miller

{ Residence, if in Baltimore, Give Street and Number. } 1442 Canton ave

Duration of Residence in Baltimore. 7,

C 5902

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frank Miller

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Miller

(Address) 111 Kenwood ave

Filed 10/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 23 1907

that I last saw him alive on Oct 23 1907

and that death occurred, on the date stated above, at 11 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hosp

Date Oct 24 1907

Place of Burial Mt. Carmel

Date Oct. 27" 1907

Undertaker Kendall Lippel & Bon

Address 330 S. Bond st.

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

1511

(Place of Death.) No. 516 Gold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Annie Nutt

{Residence, if in Baltimore, Give Street and Number.} 516 Gold St

Duration of Residence in Baltimore. Life C 5903

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct 18th 1907

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Annie Nutt

BIRTHPLACE OF MOTHER (State or country): Tennessee

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Annie Nutt

(Address) 516 Gold St.

Filed 10/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octo. 20th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Congenital de-
bility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Bradshaw M.D.

Address 700 Lafayette Ave. (Evening)

Date Oct. 23 1907

Place of Burial COLLEGE OF P. & S

Date OCT 25 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Without means to bury

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5904

City of Baltimore, (No. ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

THE ROBERT GARRETT HOSPITAL FOR CHILDREN,
No. 27 North Carey Street,
BALTIMORE, MD.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva Steinbach

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1906 (Year)

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Steinbach

BIRTHPLACE OF FATHER (State or country): Hungaria

MAIDEN NAME OF MOTHER: Elisa Kilsa

BIRTHPLACE OF MOTHER (State or country): Hungaria

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Steinbach

(Address) 1345 Andre st.

Filed 10/25 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Oct 24 1907

that I last saw her alive on 23 1907,

and that death occurred, on the date stated above, at 11 M. The CAUSE OF DEATH was as follows:

Enteritis colitis

(DURATION) 28 DAYS

Contributory Exhaustion

(DURATION) ~ DAYS

(Signed) John Rutrah M. D.

Oct 25 1907 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1400 Andre St How long at Place of Death? 21 Days

Where was disease contracted, if not at place of death? ~

PLACE OF BURIAL OR REMOVAL: Holy Cross a.a. Co — DATE OF BURIAL: Oct 27 1907

UNDERTAKER: Jos Steinbeck — ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. 642 Greenwillow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence L. Smith

{ Residence, if in Baltimore, Give Street and Number. } 642 Greenwillow St.

Duration of Residence in Baltimore. Life C5905

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Wh

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jas. M. Crawford

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary J. Barnes

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Smith

(Address) 642 Greenwillow St.

Filed 10/25 1907 HARRY O. ANDREWS, Register PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1906, to date 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 4.45 P.M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 1 Years

Contributory (Primary) (DURATION) DAYS

(Signed) Wm. Thagmander, M.D.

Address 922 Madison Ave.

Date Oct. 24, 1907

Place of Burial Mt. Auburn

Date Oct-26 1907

Undertaker Alex H. Smoley

Address 570 W. Pickelder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

78 V

(Place of Death.) No. 809 Pierce St ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Abraham Coates

{ Residence, if in Baltimore, Give Street and Number. } 809 Pierce St

Duration of Residence in Baltimore. 35 Yrs. C5906

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1857	
AGE: 50 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Coates

(Address) 809 Pierce St

Filed 10/25 " 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Oct 24 1907 that I last saw h~~im~~ alive on Oct 21st 1907, and that death occurred, on the date stated above, at 12.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dropsy (DURATION) 60 DAYS

Contributory (Primary) Endocarditis (DURATION) 4 Mos

(Signed) Edward E. Mackenzie M.D.

Address 1329 N. North Ave.

Date Oct 26th 1907

Place of Burial Mt. Auburn Cemetery

Date Oct. 27 1907

Undertaker Alex. Kemsley

Address 518 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 608 Chappell St. n.w. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Hall

{ Residence, if in Baltimore, Give Street and Number. } 608 Chappell St.

Duration of Residence in Baltimore. C5907

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: — 1815

AGE: 92 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jesse Beads

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Owens

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Beads.

(Address) 608 Chappell St.

Filed 10/25 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Oct 1907

that I last saw h alive on Oct 13 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis.

(DURATION) 3 DAYS

Contributory (Primary.) Old age.

(DURATION) DAYS

(Signed) Albert L. Landers M.D.

Address 1113 N. Gilmor St

Date October 25 1907

Place of Burial Laurel Cemetery

Date Oct 27 1907

Undertaker Alex H Humphrey

Address 578 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5908

missing

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 5909

City of Baltimore, (No. 1827 Fulton Terrace St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Chaney.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: — (Month) — (Day) 1855 (Year)

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: Hazard Williams

BIRTHPLACE OF FATHER (State or country): Baltimore County

MAIDEN NAME OF MOTHER: Catherine Williams

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Chaney

(Address) 1827 Fulton Terrace

Filed Oct 26 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 23 1907 to October 24 1907

that I last saw her alive on Oct. 24th 1907

and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Pericarditis.

(DURATION) 4 DAYS

Contributory Cardiac Asthma

(DURATION) 3 Hours DAYS

(Signed) William J Sullivan M. D.

Oct 24 1907 (Address) 1701 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Bay Hill

DATE OF BURIAL: Oct 26 1907

UNDERTAKER: A S Marshall

ADDRESS: 3539 Fallsway

CERTIFICATE OF DEATH.

(Place of Death.) No. 179 Falls Road St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Francis De Spangler

{Residence, if in Baltimore, Give Street and Number.} 179 Falls Road

Duration of Residence in Baltimore. Lifetime C 5910

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1907

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Dominic De Spangler

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosa Kiebenmus

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Dominic De Spangler

(Address) 179 Falls Road

Filed Oct 26 1907 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

C. & C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24th 1907

I HEREBY CERTIFY, That I attended deceased from October 14 1907 to October 24th 1907

that I last saw h[illegible] alive on October 24th 1907,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.) Intestinal Indigestion (DURATION) 7 DAYS

(Signed) L. A. Richardson M.D.

Address 1112 W. 20th St.

Date October 24th 1907

Place of Burial St Vincents

Date Oct 26 1907

Undertaker A. S. Hanshaw

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1325 Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry. D. Mills

{ Residence, if in Baltimore, Give Street and Number. } 1325 Bayard st

Duration of Residence in Baltimore. Life time C5911

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: March 23 1833

AGE: 74 years, c months, c days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: c

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: c

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Parles.

(Address) 1325 Bayard St.

Filed 10/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19, 1907 to Oct 25, 1907

that I last saw h alive on Oct 24 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 2 DAYS

Con ributory (Primary) Appendicitis

(DURATION) 10 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date Oct 26 1907

Place of Burial National Amer

Date Oct 28 1907

Undertaker Jos. Sverdens. Son

Address 217 S. Bond

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No 17 E. 21st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hazel Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 17 E. 21st. St.

Duration of Residence in Baltimore. 35 years C5912

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: May 17 1836	
AGE: about 71 years, 6 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: John Hazel	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Catherine Raymond	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Maid	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reg C Healy

(Address) 725 E. 21st. St.

Filed 10/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1 Heart Disease

Duration ..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Louis Lullmann M.D.

Address 1818 E. Chase St

Date Oct 25 1907

Place of Burial Greenmount CEMETERY.

Date OCT 26 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107. N. Parrish St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theo. W. Henderson

{ Residence, if in Baltimore, Give Street and Number. } 407. N Parrish

Duration of Residence in Baltimore. Life C5913

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balt city

FULL NAME OF FATHER Bollia Henderson

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Harriett Roane

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bollie Henderson

(Address) 407 N Parrish St

Filed 10/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 14 DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Frank Jones M.D.

Address Coroners Office

Date Oct. 25 1907

Place of Burial Mount Auburn

Date Oct 26 1907

Undertaker J H Owens & Son

Address 1122 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the ... duty of the Physician who attended during his or her last sickness, or the Coroner, when the ... tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending t... ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of ... ceased, and the **cause and date of death.** ... the said city it shall be ... the case comes under his ... ng the burial, a certifi...

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5914

Registered No. B

City of Baltimore, (No. 604, W. Lombard St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Juraksz (Juretzky)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal

COLOR: White

DATE OF BIRTH: [illegible] (Month) [illegible] (Day) 1906 (Year)

AGE: ..... years, 17 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: John Jurskeg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother of Child

(Address) 604 W Lambert St

Filed 10/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Oct 25 1907 that I last saw h— alive on Oct 23 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Gastro-enteritis

(DURATION) 5 Months DAYS.

Contributory Cotton

(DURATION) 14 DAYS

(Signed) D. J. Glenn M. D.

10 26 1907 (Address) 810 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Alphonsus — DATE OF BURIAL: Oct 26th 1907

UNDERTAKER: M S Finty — ADDRESS: 2113 N Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Henrietta Brohm

{ Residence, if in Baltimore, Give Street and Number. } Boston Mass

Duration of Residence in Baltimore. 2 Months C 5915

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: September 19 1834

AGE: 73 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Philip Phillipy

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Wengenroth

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise Duplain

(Address) 108 Clay street

Filed 10/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 - 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 - 1907 to Oct 26 1907

that I last saw h er alive on Oct 26 1907.

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Empyema -

(DURATION) 21 DAYS

Contributory (Primary.) Sepsis & Exhaustion

(DURATION) 7 DAYS

(Signed) W W Eshelman M.D.

Address Balto City Hospl

Date Oct 26 1907

Place of Burial Boston Mass

Date Oct 26 1907

Undertaker Stuart Symington Co

Address 210 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No 2011 N. Pulaski street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Theodore Goldmacher

{Residence, if in Baltimore, Give Street and Number.} 2011 Pulaski street.

Duration of Residence in Baltimore. Life

C 5916

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Sept 30 1907

AGE: ..... years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Theodore E Goldmacher

BIRTHPLACE OF FATHER (State or country): Balto County

MAIDEN NAME OF MOTHER: Sarah E. Lefkowitz

BIRTHPLACE OF MOTHER (State or country): Frederick Co

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore E. Goldmacher

(Address) 2011 Pulaski St

Filed 10/26 1907

HARRY C. ANDREW Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1907 to Oct. 26 1907

that I last saw him alive on Oct. 25 1907

and that death occurred, on the date stated above, at 1.a a. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

4 hrs (DURATION) DAYS

Contributory (Primary.) Mal-nutrition

3 weeks (DURATION) 4 DAYS

(Signed) Wm. Grant M.D.

Address 2020 W. North ave

Date Oct. 26 1907

Place of Burial Mt. Olivet Cem.

Date Oct. 26 1907

Undertaker Harry W. Eblen

Address 1944 N. North ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 1613 Lorman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah B. Grieve (Grieve)

{Residence, if in Baltimore, Give Street and Number.} 1613 Lorman st

Duration of Residence in Baltimore. Five years C5917

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Fem.
COLOR	White
DATE OF BIRTH	July 16th 1852
AGE	55 years, 4 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	India
FULL NAME OF FATHER	Joshua Barnett
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Stella Rowland
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. R. Grieve

(Address) 1613 Lorman St.

Filed 10/26 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Thrown from accidental horse, died instantly

(DURATION) ..... DAYS

Contributory (Primary.) Accident

(DURATION) ..... DAYS

(Signed) Stella Rowland M.D.

Address 700 Log. Av. Govans

Date Oct. 25th 1907

Place of Burial Loudon Park Cem

Date October 26 1907

Undertaker Jos B Cook

Address 1003 Ft Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SAFETY FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 S. Hare St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Warren Barnes

{Residence, if in Baltimore, Give Street and Number.} 924 S. Hare St.

Duration of Residence in Baltimore. Life C5918

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 6th 1907

AGE: ..... years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Samuel H. Barnes

BIRTHPLACE OF FATHER (State or country): md.

MAIDEN NAME OF MOTHER: Clara Crist

BIRTHPLACE OF MOTHER (State or country): md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Barnes

(Address) 924 S. Hare St.

Filed 10/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Oct. 24 1907

that I last saw him alive on Oct. 22 1907.

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 8 wks

Contributory (Primary) Asthenia (DURATION) ... DAYS

(Signed) Wm. J. McAvoy M.D.

Address 839 S. Canton Av

Date Oct. 24 1907

Place of Burial 1st Evangelical Cem.

Date October 26th 1907

Undertaker H. Sander Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ Ellenora V. Shaum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

~~Full Name~~ 435 N Patterson Park Ave

{ *Residence, if in Baltimore, Give Street and Number.* } Life - 435 N Patterson Av

Duration of Residence in Baltimore. Life C5919

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 6" 1899

AGE 13 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David C. Shaum

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Straub

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David C. Shaum

(Address) 435 N. Patterson Pk Ave

Filed 10/26 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 24 - 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 - 1907 to Oct 24 1907

that I last saw h— alive on " " 1907

and that death occurred, on the date stated above, at 3 - 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis from —

(DURATION) DAYS

Con'ributory (Primary.) Meningitis —

6 days — (DURATION) DAYS

(Signed) [illegible] M.D.

Address 125 Aisquith

Date Oct 25/07 1907

Place of Burial Oak Lawn

Date October 27th 1907

Undertaker H. Sander's Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 832 Addison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Ryan

{Residence, if in Baltimore, Give Street and Number.} 832 Addison St

Duration of Residence in Baltimore. 3 Month. C5920

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Wm Ryan.

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Mary Naylor

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Grocer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Thompson

(Address) 709 Bucen St.

Filed 10/26 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25th 1907

I HEREBY CERTIFY, That I attended deceased from about 15th Oct 1907 to 25th Oct 1907

that I last saw h alive on 25th Oct 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nervous Debilis

(DURATION) 7 and Hours DAYS

Con tributory (Primary.) Cerebral Hemorrhage about

(DURATION) 3 or 22 DAYS

(Signed) [illegible] M.D.

Address 20 N Charles St

Date Oct 26th 1907

Place of Burial Philopolis Md.

Date October 28th 1907

Undertaker W. J. Cook

Address 512 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 422 N. Washington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Almira F. Harris

{Residence, if in Baltimore, Give Street and Number.} 422 N. Washington St.

Duration of Residence in Baltimore. Life C5921

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Apr. 14 1866
AGE	41 years, 6 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	George B. Peacock
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Elizabeth Edwards
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Harris

(Address) 422 N. Washington

Filed 10/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12 1907 to Oct 24 1907 that I last saw her alive on Oct 24 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 12 DAYS

Contributory (Primary.) Pneumonia and Exhaustion (DURATION) 2 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans

Date Oct 24 1907

Place of Burial Mount Carmel Cem.

Date Oct 27 1907

Undertaker Germanus Crane

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi ler, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Rose Wise

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 26 years C 5922

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benjiman ~~Furay~~ Johnor

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: ~~Laundress~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Wise

(Address)

Filed 10/26 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1906 to Oct. 24. 1907

that I last saw her alive on Oct. 24. 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Pleurisy with

~~Effusion~~ (DURATION) 21 DAYS

(Signed) N M Ammerman M.D.

Address Bay View Asylum

Date October 24. 1907

Place of Burial Mt Auburn

Date Oct 27 1907

Undertaker A. J. Freeland

Address 106 Schroeder St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

64

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Thomas Waller

{Residence, if in Baltimore, Give Street and Number.} 1314 N. Fremont Ave

Duration of Residence in Baltimore. 5 years C5923

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH unknown 1

AGE about 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm Waller

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie L Waller

(Address) 305 W Lanvale St

Filed 10/26" 1907 HARRY O. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17 1907 to Oct 25 1907 that I last saw him alive on Oct 25 1907, and that death occurred, on the date stated above, at 6:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

DURATION DAYS

Contributory (Primary) Cerebral Hemorrhage DURATION DAYS

(Signed) R. W. Crawford M.D.

Address University Hospital

Date Oct. 25th 1907

Place of Burial Greenstown Cem

Date Oct 27th 1907

Undertaker G. F. Martin

Address 723 W Lafayette

WM. J. C. DULANY CO., BALTIMORE

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2017. N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Griffith

{ Residence, if in Baltimore, Give Street and Number. } 2017. N. Washington St

Duration of Residence in Baltimore. Life. — C5924

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH Sept. 21 1853

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. —

FULL NAME OF FATHER: Allen Griffeth

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Wheat

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Eli

(Address) 2017 N. Washington

Filed 10/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 21 1907 to Oct. 25 1907 that I last saw him alive on Oct. 25 1907, and that death occurred, on the date stated above, at 7.A M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 35 DAYS

Contributory (Primary) Asthenia (DURATION) DAYS

(Signed) J. William Spence M.D.

Address 1401 N Ray

Date Oct 26. 1907

Place of Burial Loudon Park

Date Oct 27/07 1907

Undertaker Wm Cook

Address 502 E. Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5225

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 N. Wolff St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Weber Glaser.

{ Residence, if in Baltimore, Give Street and Number. } 420 N. Wolff St

Duration of Residence in Baltimore. Life

C5225

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: July 14 1907

AGE: ..... years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Adolph Glaser Jr.

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Anna Seeman.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph Glaser Jr.

(Address) 420 N. Wolff St.

Filed 10/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 25th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1907 to Oct 25th 1907

that I last saw him alive on Oct 24th 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ....., DAYS

Contributory (Primary) Meningitis

(DURATION) ..... DAYS

(Signed) Monumental Com M.D.

Address 1300 E Baltimore St.

Date Oct. 25th 1907

Place of Burial Baltimore Cem

Date Oct 27 1907

Undertaker Wm Cook

Address 502 E Fairmount

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 751 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Elicker

Residence, if in Baltimore, Give Street and Number. 751 E Preston

Duration of Residence in Baltimore. 2 years

C5926

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Moses Elicker

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Amanda Eber

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E Elicker

(Address) 751 E Preston St

Filed 10/26 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 25 1907

that I last saw her alive on Oct 25 1907,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis

5 (DURATION) DAYS

Contributory (Primary.) Asthenia (DURATION) 1 DAYS

(Signed) J H Robinson M.D.

Address 726 E. Preston St

Date Oct 25 1907

Place of Burial York Pa

Date Oct 28 1907

Undertaker Wm Cook

Address 502 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5927

City of Baltimore, (No. 2444 Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna M. Stone

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1841 (Year)

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Stone

(Address) 2444 Francis St

Filed 10/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to Oct. 25 1907 that I last saw h[er] alive on Oct. 24 1907, and that death occurred, on the date stated above, at 4.25 a.m. The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(DURATION) DAYS

Contributory Gangrene of leg

(DURATION) 7 DAYS

(Signed) J. J. Gray M. D.

Oct. 25 1907 (Address) 2466 Eutaw Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Druid Ridge | DATE OF BURIAL 10-28 1907

UNDERTAKER Wm. M. Gaither | ADDRESS North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

C 5928

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva M. Reisinger

{Residence, if in Baltimore, Give Street and Number.} 1001 Light St.

Duration of Residence in Baltimore. Life

C 5928

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 1

AGE: 5 years, 6 months, — days

SINGLE, ~~MARRIED~~, WID~~OWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis F. Reisinger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ida M. Harrison

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis F. Reisinger

(Address) 1001 Light St.

Filed 10/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Oct 23 1907 that I last saw her alive on Oct 23 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) ? DAYS

(Signed) C. V. Smith, M.D.

Address 528 Hanover St.

Date Oct 24 1907

Place of Burial Western Cemetery

Date October 26 1907

Undertaker John D Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

80 V

(Place of Death.) No. 1115 Chapman Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Duffield Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 1114 Chapman Place

Duration of Residence in Baltimore. 22 years C5929

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 9th 1833
AGE	73 years, 10 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Penn.
FULL NAME OF FATHER	Thomas Mitchell
BIRTHPLACE OF FATHER (State or country)	Penn.
MAIDEN NAME OF MOTHER	Elizabeth Shumberg.
BIRTHPLACE OF MOTHER (State or country)	Penn
OCCUPATION OF DECEASED	Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Mitchell

(Address) 1111 Chapman Place

Filed Oct 26 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Oct 24 1907 that I last saw h[illegible] alive on Oct 24 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis
Apoplexy attacks during
a period of (DURATION) 60 DAYS
Contributory (Primary.) Dilatation of Heart-
Pneumonia (DURATION) [illegible] DAYS

(Signed) R. B. Norment M.D.

Address 3543 Chestnut St

Date Oct 26 1907

Place of Burial Mount Cruel

Date Oct 28 1907

Undertaker D. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Edward Toy C5830

{ Residence, if in Baltimore, Give Street and Number. } 420 Henrietta Street

Duration of Residence in Baltimore. 1 yr. 5 mo. 18 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: May 8th, 1906

AGE: 1 years, 5 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S

BIRTHPLACE (State or country): Baltimore, Maryland

FULL NAME OF FATHER: Daniel Webster Toy.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Emma Jane Davis

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Toy

(Address) 420 W. Henrietta

Filed Oct 26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 26th 1907

I HEREBY CERTIFY, That I attended deceased from October 1st 1907 to October 25 1907

that I last saw h in alive on October 25 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute nephritis

(DURATION) 60 DAYS

Contributory (Primary.) Gastro-enteritis

(DURATION) 35 DAYS

(Signed) Bertha E. Tapman M.D.

Address 115 W. Baire Stret

Date October 6th 1907

Place of Burial Mt Auburn

Date Oct 27 1907

Undertaker Jno H. Toadvine

Address 1, 42 Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C-5931

CERTIFICATE OF DEATH.

(Place of Death.) No. 143. East West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Agnus Celift.

{Residence, if in Baltimore, Give Street and Number.} 143. East West

Duration of Residence in Baltimore. Life time C-5931

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Jan. 12th - 1872

AGE 35 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Clinton.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kelly.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. F. Buxton M.D.

(Address) 227 East Cross St.

Filed Oct 26 1907 Registrar

ECW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October - 24th 1907

I HEREBY CERTIFY, That I attended deceased from October 23 1907 to Octr 24 1907

that I last saw her alive on Oct. 24 1907,

and that death occurred, on the date stated above, at 9:[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate

Asthenia following operation for appendicitis

(DURATION) DA

Contributory (Primary.) Appendicitis

(DURATION) DA

(Signed) G. F. Buxton M.

Address 227 East Cross St

Date October 24th 1907

Place of Burial Mt Olivet Cemetery

Date Oct. 27 [illegible]

Undertaker John J. Laney

Address 1230 Hillsdale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 Welcome alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hennie Kelly.

{Residence, if in Baltimore, Give Street and Number.} 116 Welcome alley.

Duration of Residence in Baltimore. 7 Years. C5932

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Col
DATE OF BIRTH: 1881	
AGE: 26 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va.	
FULL NAME OF FATHER: Doms Snow	
BIRTHPLACE OF FATHER (State or country): " "	
MAIDEN NAME OF MOTHER: Lizzie Dyer	
BIRTHPLACE OF MOTHER (State or country): Va.	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Kelley

(Address) 116 Welcome Alley

Filed Oct 26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Oct 24 1907

that I last saw her alive on Oct 24 1907, and that death occurred, on the date stated above, at 7 00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J Edward Smith M.D.

Address 178 Hanover St

Date Oct. 25 1907

Place of Burial Mt. Auburn Cem. Oct 26

Date ... 190

Undertaker Isaac H. Clark Son

Address 1011 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

74 V

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John O Leigler

{Residence, if in Baltimore, Give Street and Number.} St Thomas Pa. Franklin Co

Duration of Residence in Baltimore. 7

C5933

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 16 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn

FULL NAME OF FATHER: C. G. Eagles

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Isabella Bahnsen

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Stage Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. G. Eagles

(Address) Carlisle Pa

Filed Oct 27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 25 190 7

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Oct 25 1907

that I last saw h alive on Oct 25 1907

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Brain Tumor

(DURATION) ..... DAYS

Contributory (Primary) Myocarditis

(DURATION) ..... DAYS

(Signed) Harvey Cushing M.D.

Address Johns Hopkins Hosp

Date Oct 25 1907

Place of Burial Carlisle Pa

Date OCT 26 1907

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 V

CERTIFICATE OF DEATH.

Registered No. B C 5934

City of Baltimore, (No. 105 S. High St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hirma Segal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 1905 1 (Month) Jan 5 (Day) (Year)

AGE: 2 years, 6 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Hogle~~ single

BIRTHPLACE (State or country): Rumania

FULL NAME OF FATHER: Herman Segal

BIRTHPLACE OF FATHER (State or country): Rumania

MAIDEN NAME OF MOTHER: Rock, Bercowitz

BIRTHPLACE OF MOTHER (State or country): Rumania

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I Hyman

(Address) 117 Albemarle st

Filed Oct 27 1907

S. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 26 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 25 1907 to ..... 190.....

that I last saw h.. alive on Oct. 25 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Diphtheria

About 1 week (DURATION) DAYS

Contributory Pneumonia

Two Days (DURATION) DAYS

(Signed) W. D. Booker M. D.

Oct 26 1907 (Address) 208 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Lebanon Cemetery

DATE OF BURIAL: Oct 27 1907

UNDERTAKER: Max Linsen

ADDRESS: 162 McElderry st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2828 Elliott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pelagia Szelegia

{Residence, if in Baltimore, Give Street and Number.} 2828 Elliott St.

Duration of Residence in Baltimore. Life C5935

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 2 1902

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wojciech Szelegia

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Jozefa Kalivinska

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wojciech Szelegia

(Address) 2828 Elliott St

Filed 10/27 1907

HARRY O. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17 1907 to Oct. 25 1907 that I last saw h alive on " 25 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

1 wk (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) Charles S. Neer M.D.

Address 619 Patterson Park Ave

Date Oct. 26 1907

Place of Burial St Stanislaus

Date Oct 27 1907

Undertaker Jos Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

C 5936

Registered No. B.....

City of Baltimore, (No. 2029 W. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John T. Sweeney Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 18th 1905 (Month) (Day) (Year)

AGE 2 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno. T. Sweeney

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Annie Hunt

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. T. Sweeney

(Address) 2029 W Lanvale St.

Filed 10/27" 1907

HARRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., Engravers

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1907 to Oct 26th 1907

that I last saw h[illegible] alive on Oct. 25 1907,

and that death occurred, on the date stated above, at 10 45 A. M. The CAUSE OF DEATH was as follows:

Infection of Parotid gland following mumps (Operated)

(DURATION) 20 DAYS

Contributory Systemic infection

Dyed Mumps (DURATION) 10 DAYS

(Signed) E. E. Smith M. D.

Oct 26 1907 (Address) 605 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	Oct 28 1907
UNDERTAKER Geo J Smith & Co	ADDRESS 1000 W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

1547V

(Place of Death.) No. 756 W Gennan St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Fuller.

{Residence, if in Baltimore, Give Street and Number.} 756 W Gennan St

Duration of Residence in Baltimore. 30 years C5937

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1830

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fuller

(Address) 756 W Gennan St

Filed 10/27 1907 HARRY O. ANDREW Clerk
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Oct 24 1907 that I last saw h/r alive on Oct 24 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

~~Old age~~

Coma

— (DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) James Dorsey M.D.

Address 1701 Hollins St

Date Oct 26 1907

Place of Burial: Cathedral Cemetery

Date Oct 28 — 1907

Undertaker Henry C. Brannan

Address 5 St Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 N Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Forrest

{Residence, if in Baltimore, Give Street and Number.} 616 N Bethel C 5938

Duration of Residence in Baltimore... Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 20 1887

AGE: 20 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Henry Forrest

BIRTHPLACE OF FATHER (State or country): St. Mary Co.

MAIDEN NAME OF MOTHER: Rose Brown

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Daugefield

(Address) 616 N Bethel

Filed 10/27" 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Oct 24 1907 that I last saw h... in alive on Oct 22 1907, and that death occurred, on the date stated above, at 12 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alex J. Gage. M.D.

Address 727 N Broadway

Date 10/25/07 1907

Place of Burial Auburn

Date Oct 27 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

404 V

CERTIFICATE OF DEATH.

C 5939

Registered No. B

City of Baltimore, (No. 1924 Oak Hill Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Shea

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 6 (Day) 1857 (Year)

AGE: 48 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jasper Shea

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Holland

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Yard Master.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Ryan

(Address) 1924 Oak Hill Ave

Filed 10/27 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1, 1907 to October 25 1907

that I last saw him alive on Oct. 24 1907,

and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(DURATION) 6 Months

Contributory Exhaustion

(DURATION) 6 DAYS

(Signed) P. E. Silly M. D.

Oct 25 1907 (Address) 8 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Oct. 28 1907
UNDERTAKER	ADDRESS
Jno A. Moran	Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1214 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John L. Handentmarke.

{ Residence, if in Baltimore, Give Street and Number. } 1214 Linden Ave —

Duration of Residence in Baltimore. Life. C5940

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 35 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Amy Handentmarke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Cath Emerich

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Car Repairer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Arendorf

(Address) 1214 Linden Ave

Filed 10/27" 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 25 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to Oct 25 1907 that I last saw h.im alive on Oct 25 1907. and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

6 months (DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

..... (DURATION) 5 DAYS

(Signed) Chas H Burnett M.D.

Address 1100 W. Lafayette Ave.

Date Oct 26 1907.

Place of Burial Mt Auburn

Date 10/28 1907

Undertaker Wm J Schulting

Address 91 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 205 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Hoeley.

{ Residence, if in Baltimore, Give Street and Number. } 205 Chapel St.

Duration of Residence in Baltimore. 27 yrs. C5941

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Matt. Hoeley

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hoeley

(Address) 1913 Gaper st.

Filed 10/27" 1907

HARRY C. ANDRE... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 26 1907

that I last saw her alive on 26 1907

and that death occurred, on the date stated above, at 1:45

A.M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) 2 yrs

Contributory (Primary.) Degeneration changes in Heart (DURATION) DAYS due to senility

(Signed) T. J. Simms M.D.

Address 1020 N Wolfe

Date Oct 27 1907

Place of Burial St Alphonsus.

Date Oct. 29 1907

Undertaker Frank Grach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 526 Cross Alley St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Henry Jones

{Residence, if in Baltimore, Give Street and Number.} 526 Cross Alley

Duration of Residence in Baltimore. 11 yrs

C5943

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Oct 24 1896

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singel

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Darien Jones

BIRTHPLACE OF FATHER (State or country): Yorktown Va

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Yorktown Va

OCCUPATION OF DECEASED: School Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Jones

(Address 526 Cross St

Filed 10/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Oct 26 1907 that I last saw h.. alive on Oct 26 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Con'tributory (Primary) Pneumonia

(DURATION) 14 DAYS

(Signed) P L Blake M.D.

Address 2016 N Monroe

Date Oct 26 1907

Place of Burial Mt Auburn Cemetery

Date October 28 1907

Undertaker Reis B Fye

Address 1026 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

1047

(Place of Death.) No. 5 Hannetta, Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward Powell

{ Residence, if in Baltimore, Give Street and Number. } 5 Hannetta St

Duration of Residence in Baltimore. Life-time C5942

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Edward

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Hennett Robson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James W Powell

(Address) 15 Hannett St Waverly St

Filed 10/27 1907 HARRY O. ANDE[illegible] PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21 1907 to Oct 25 1907

that I last saw h[illegible] alive on Oct 25 1907, and that death occurred, on the date stated above, at 8:30 M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) Four DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt G. Schmidt M.D.

Address 424 East 23 St

Date Oct. 26 1907

Place of Burial Laurel Cemetery

Date October 27 1907

Undertaker Adolph B Pyle

Address 102 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150

CERTIFICATE OF DEATH.

C 5944

Registered No. B

City of Baltimore, (No. 16, Potomac St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Stock

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 25 (Day) 1907 (Year)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles Stock

BIRTHPLACE OF FATHER (State or country): Cit

MAIDEN NAME OF MOTHER: Margaret J. Bell

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Stock

(Address) 16 Potomac

Filed 10/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Oct 26 1907 that I last saw her alive on Oct 26 1907, and that death occurred, on the date stated above, at 9.20 a m. The CAUSE OF DEATH was as follows:

Congenital Malform. Heart. ..... (DURATION) ..... DAYS

Contributory Asthenia ..... (DURATION) ..... DAYS

(Signed) G. C. Thieme M. D.

Oct 26 1907 (Address) 3138 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Carmel | DATE OF BURIAL: Oct 27 1907

UNDERTAKER: Wendell Appleton | ADDRESS: 818 Mon St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 1509 Lennon St St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adella Green

{Residence, if in Baltimore, Give Street and Number.} 1509 Lennon St

Duration of Residence in Baltimore. C5945

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Nov 9th 1[illegible]

AGE 2 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Green

BIRTHPLACE OF FATHER (State or country) Annarundel Co Md

MAIDEN NAME OF MOTHER Carrie Wallace

BIRTHPLACE OF MOTHER (State or country) Annarundel Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Green

(Address) 1509 Lennon st

Filed 10/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Oct. 26 1907

that I last saw h[illegible] alive on Oct 26th 1907

and that death occurred, on the date stated above, at 12 30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal diphtheria

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fr Stack H.D.
H.H.

Address Franklin Square Hosp

Date October 27, 1907

Place of Burial Mt Auburn Cem.

Date Oct. 27th 1907

Undertaker A. Jones

Address 216 N. Stricker st.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2210 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy Rauschling

{Residence, if in Baltimore, Give Street and Number.} 2210 McElderry

Duration of Residence in Baltimore. 9 Mos. C5946

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 30th 1907

AGE ..... years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Frederick Rauschling

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Dennis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Rauschling

(Address) 2210 McElderry St

Filed 10/27 1907

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 26 1907

that I last saw her alive on Oct 25 1907,

and that death occurred, on the date stated above, at 8 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Con'tributory (Primary.) Marasmus 1 Mo

(DURATION) 26 DAYS

(Signed) P. E. Keener M.D.

Address 1343 W Pattersn Ave

Date Oct 26 1907

Place of Burial Western Cemetery

Date Oct 28 1907

Undertaker In Fahey & Son

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 853 Harlem ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Jacob Brehm

{Residence, if in Baltimore, Give Street and Number.} 853 Harlem ave

Duration of Residence in Baltimore. Life Time C5947

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 61 years, - months, - days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Sebastien Brehm

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. -

(Informant) Mrs Katherine Brehm

(Address) 853 Harlem ave

Filed 10/27 1907

HARRY O. ANDREAS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1907 to Oct 25 1907

that I last saw h in alive on Oct 24 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage -

(DURATION) 4 DAYS

Contributory (Primary) Nephritis -

arteriosclerosis (DURATION) DAYS

(Signed) Henry A Brom M.D.

Address 17 W. Biddle St.

Date Oct 25 - 1907

Place of Burial Cathedral Cem

Date Oct. 30 1907

Undertaker Leo Burk

Address 602 E Fayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, sex, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

IV

CERTIFICATE OF DEATH. C 5948

Registered No. B.....

City of Baltimore, (No. Church Home & Infirmary St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leon C. Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 10 (Day) 1896 (Year)

AGE: 11 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: S. J. Bailey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Alice Mettle

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. J. Bailey

(Address) 1026 Clifton Place

Filed 10/27 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Oct 26 1907

that I last saw h[illegible] alive on Oct 25 1907,

and that death occurred, on the date stated above, at 2-45 A.M. The CAUSE OF DEATH was as follows:

Peforation of the bowel following typhoid fever, Operated & septic pneumonia

Peforation & peritonitis (DURATION) 22 DAYS

Contributory septic pneumonia & general toxemia (DURATION) 10 DAYS

(Signed) Clarence A Veasey M. D.

Oct 26 1907 (Address) 216 W Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Oct 28 1907
UNDERTAKER	ADDRESS
A. McCook	505 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

150

(Place of Death.) No. 2119 Christian St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Un-named baby of Geo. W. Fiefel and Mary R. Fiefel.

{ Residence, if in Baltimore, Give Street and Number. } 2119 Christian St.

Duration of Residence in Baltimore. Life-time

C5949

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Oct 26th 1907

AGE: 2 hours. (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Geo. W. Fiefel

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary R. Kuhl

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Fiefel

(Address) 2119 Christian St

Filed 10/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 26th 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1907 to Oct 26th 1907 that I last saw her alive on Oct 26th 1907 and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital heart lesion

2 hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr E. A. Knorr M.D.

Address 1727 W. Lombard St.

Date Oct 27th 1907. 190

Place of Burial London Park

Date October 28th 1907

Undertaker Wm. B. Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 430 E. 21st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. William Cunningan

{Residence, if in Baltimore, Give Street and Number.} 430 E. 21st St.

Duration of Residence in Baltimore. 20 years C5950

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH May 26 1877

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Patrick Cunnigan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Hamit

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cunnigan

(Address) 430 E 21st St.

Filed 10/27" 1907

HARRY C. ANDREAS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 25" 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Oct 25 1907 that I last saw h.. alive on Oct 20" 1907 and that death occurred, on the date stated above, at 10-45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 90 DAYS

(Signed) Thomas Talbot M.D.

Address 1201 Eutaw Pl.

Date Oct 26" 1907

Place of Burial Jas Cathedral

Date Oct 28 1907

Undertaker C. A. Weidefeld Co

Address 213 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

921

(Place of Death.) No. St. Joseph's Ferron Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Edward M. Connick

{ Residence, if in Baltimore, Give Street and Number. } 529 N. Chester St.

Duration of Residence in Baltimore. Life C5951

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jany 4 1852

AGE 55 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) ✓

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Lambert

(Address) 725 N. Monroe

Filed 10/27" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1907 to Oct. 26 1907 that I last saw him alive on Oct. 25 1907, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Contributory (Primary) Labor

Pneumonia (DURATION) 7 DAYS

(Signed) Wm. F. Schmit M.D.

Address St. Joseph's Ferron Hosp.

Date Oct 26 1907

Place of Burial New Cathedral

Date Oct 28 1907

Undertaker Hall & Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name William Lee

{Residence, if in Baltimore, Give Street and Number.} 647 W. Franklin St

Duration of Residence in Baltimore. One week C5952

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1882	
AGE: 25 years, — months, — days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): N. Y.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Horse Jockey	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. Stutzfaden

(Address) 923 Belmont Ave.

Filed Oct 28th 1907 HARRY O. ANDREWS [illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 27th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Concussion of the brain

(Was riding a race horse in training on Pimlico track) ..... (DURATION) ½ DAY

Contributory (Primary.) accidental fall from horse. ..... (DURATION) ..... DAY

(Signed) Chas Baldwin M.D.

Address 700, W. Lex. av. (Comm.)

Date Oct. 27th 1907

Place of Burial: East Brooklyn N. Y.

Date Oct - 28 - 07

Undertaker Wm. H. Gaulter

Address Monte & Lindenau Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 West Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgia Elizabeth Montgomery

{ Residence, if in Baltimore, Give Street and Number. } 1331 W Hoffman

Duration of Residence in Baltimore. Life — C 5953

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Geo Bishop Montgomery

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Price

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sarah Price

(Address) 133 W Hoffman St

Filed 10/28 1907

Registrar BARRY O'. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 27th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1907 to Oct 27th 1907

that I last saw her alive on Oct 26th 1907 11.40 A.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Gastro Intestinal Infection

(DURATION) 4 DAYS

Contributory (Primary) Feeding and Care — Eat (DURATION) DAYS

(Signed) Samuel A Dain M.D.

Address 619 W Biddle

Date Oct 27th 1907

Place of Burial St Peters Cemetery

Date October 28th 1907

Undertaker Felix B Ritz

Address 102 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

C 5954

Registered No. B

City of Baltimore, (No. 646 N Carey St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Maude Edkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 26 (Day) 1872 (Year)

AGE: 35 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Leach

(Address) 646 N Carey st

Filed 10/28 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11 1907 to Oct 24 1907

that I last saw h[illegible] alive on Oct 24 1907,

and that death occurred, on the date stated above, at 7.30 P.M. The CAUSE OF DEATH was as follows:

Pericarditis

(DURATION) 13 DAYS

Contributory Pleurisy

(DURATION) DAYS

(Signed) Lee E Tolbert M. D.

OCT 26 1907 N.E. Cor. Lafayette & Carrollton Aves (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death: Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: Oct 28 1907

UNDERTAKER: E Madison Mitchell

ADDRESS: 1201 W Fayette st

Tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 5955 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Groski C5955

{Residence, if in Baltimore, Give Street and Number.} 805 S Ann

Duration of Residence in Baltimore. Abnt 1 Month.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Snow Still Md.

FULL NAME OF FATHER: Andrew Groski

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Franzis Kent.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Farther

(Informant) Andrew Groski

(Address) 805 S. Ann St

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 = 1907

I HEREBY CERTIFY, That I attended deceased from ~ 190 to = 190

that I last saw h alive on = 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Anal Intitim

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) Thmas Duder M.D.

Address 320 h Greene St

Date Octobr 28th. 1907

Place of Burial St Stanislaus

Date Monday Oct 28th 1907

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 Laurens St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Marie Gee

{Residence, if in Baltimore, Give Street and Number.} 420 Laurens St.

Duration of Residence in Baltimore. Life time C5956

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 17 1902

AGE: 5 years, 8 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Washington D. C.

FULL NAME OF FATHER: Joseph Gee

BIRTHPLACE OF FATHER (State or country): Cincinnati Ohio

MAIDEN NAME OF MOTHER: Katherine Baker

BIRTHPLACE OF MOTHER (State or country): Washington D.C.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Gee

(Address) 420 Laurens St.

Filed 10/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1907

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Oct 27 1907

that I last saw her alive on Oct 26 1907

and that death occurred, on the date stated above, at 12 m.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure.

(DURATION) DAYS

Contributory (Primary) Malignant Carcinoma

(DURATION) 3 DAYS

(Signed) E. Edwards M.D.

Address 1419 E Eager St

Date Oct 27 1907

Place of Burial Baltimore Cemetery

Date Oct 28 1907

Undertaker David M. Team Co.

Address 833 Lindenave.

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sophia Daniels

{Residence, if in Baltimore, Give Street and Number.} 512 Spring St

Duration of Residence in Baltimore. Life C5957

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: B

DATE OF BIRTH: 1

AGE: 55 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Jones

(Address) 506 Rutgers Ave

Filed 10/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.40 A. M. CAUSE OF DEATH (Secondary or Immediate

Fracture of Skull

(Fall down stairs)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Gregor Carnelian M.D.

Address Coroners Office

Date Oct 26 — 07 190

Place of Burial Lamb's Cemetery

Date Oct 28 190 1

Undertaker J R Kelly & Son

Address 506 Rutgers Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 134 E Fitting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Johnson

{ Residence, if in Baltimore, Give Street and Number. } 134 E. Fitting C5958

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 20 1881

AGE: 26 years, Next Birth months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City Md.

FULL NAME OF FATHER: Phillip J. Meyd.

BIRTHPLACE OF FATHER (State or country): Baltimore City Md.

MAIDEN NAME OF MOTHER: Barbara Jumbee

BIRTHPLACE OF MOTHER (State or country): Baltimore City Md.

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. F. Johnson

(Address) 134 E. Fitting St.

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1 1907 to Oct. 25 1907

that I last saw her alive on Oct 24 1907

and that death occurred, on the date stated above, at 5 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Heitmuller M.D.

Address 1228 E. Eutaw St.

Date Oct 28 1907

Place of Burial Leader Hill

Date October 28 1907

Undertaker John E. Evans & Son

Address 1428 S. Charles St.

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Joseph Wicklin

{ Residence, if in Baltimore, Give Street and Number. } 830 E Pratt

Duration of Residence in Baltimore.....

C 5959

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Toulson

(Address) 1422 Pennsylvania Ave

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw him alive on ——— 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Thos Sudler M.D.

Address 320 ½ Green St

Date 190

Place of Burial National Cemetery

Date Oct 28 190

Undertaker John E Hough Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2818 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catharine Gunther

{Residence, if in Baltimore, Give Street and Number.} 2818 St. Paul St.

Duration of Residence in Baltimore. Life C 5960

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 27 1907

AGE: About 5 minutes ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 2818 St Paul St

FULL NAME OF FATHER: Frank C. Gunther

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary Robinson

BIRTHPLACE OF MOTHER (State or country): Phila. Pa.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wilbur Robinson

(Address) 2740 St Paul St

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 27th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1907 to Oct 27th 1907 that I last saw h.. alive on Oct 27th 1907, and that death occurred, on the date stated above, at 6 p. m. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Neonatorum

(Secondary)

Heart Disease of Mother

..... (DURATION) ..... DAYS

Contributory (Primary.) Maternal Heart Dis

2. ..... (DURATION) ..... DAYS

(Signed) L. E. Neale M.D.

Address 108 E. Read St

Date October 28th 1907

Place of Burial Holy Redeemer Cemetery.

Date Oct 30 1907

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1386

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 N Wolf St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Wm Peeler

{Residence, if in Baltimore, Give Street and Number.} 1622 N Wolf St

Duration of Residence in Baltimore. Life

C5961

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Nov 26 1882
AGE	25 years, 11 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	A J Height
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	R H Griffith
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Peeler

(Address) 1622 N Wolf St

Filed 10/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Oct 26th 1907

that I last saw h alive on Oct 25 1907

and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Peritonitis

Coma

(DURATION) 3 hrs

Contributory (Primary.) Pregnancy

(DURATION) 8 mos

(Signed) Chas B Fuchs M.D.

Address 830 N Broadway

Date Oct 27th 1907

Place of Burial Loudon Park Cemetery

Date Oct 28 1907

Undertaker Wm J Pickner & Sons

Address Camden & Pine St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernst C. F. Hucksoll

{Residence, if in Baltimore, Give Street and Number.} 324 Pearl St

Duration of Residence in Baltimore. about 55 years

C5962

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 19 1

AGE 71 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hanover - Germany

FULL NAME OF FATHER ~~Don't Know~~

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Don't Know

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hucksoll (Son)

(Address) 400 N. Pine St

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Oct 26 1907

that I last saw him alive on Oct 26 1907,

and that death occurred, on the date stated above, at 4 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 4-5 DAYS

Contributory (Primary.) Heart & Kidneys (Bright's) (DURATION) months DAYS

(Signed) C. Fakenip M.D.

Address 8 W 25th

Date Oct 27 1907

Place of Burial Dinh Hill Park Cemetery

Date Oct 29 1907

Undertaker Mr. Andrew Rohde Son

Address 732 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No, on Street in front of 506 Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Laura Nettie

{ Residence, if in Baltimore, Give Street and Number. } Unknown, 506 Biddle alley

Duration of Residence in Baltimore. " C5963

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: none -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ophia Jaugney

(Address) N. W. cor Biddle

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 12th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Cyhanemia

(DURATION) DAYS

Contributory (Primary) Intoxication

and Exposure (DURATION) DAYS

(Signed) Wm Baldwin M.D.

Address Too Log. Av. (Canton)

Date Oct. 2 3rd 190 7

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 25 1907 190

Undertaker Commissioner Health

Address Potter's Field Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

231

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Smalinsky

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 18 Years C5964

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25. 1907

I HEREBY CERTIFY, That I attended deceased from June 1. 1906 to Oct. 25. 1907

that I last saw her alive on Oct. 25. 1907 2.30 P.M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate

Immediate cause Respiratory failure Cardiac failure

Secondary ~~Stomach affection~~

Intestinal infection

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) N M Cummings M.D.

Address Bay View Asylum

Date October 25. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Oct 26 1907

Undertaker Wm J. Hooden

Address 1811 Aisquith St

FOR ANATOMICAL P

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

241

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 Japonan Court St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Dallie Hawkins

{Residence, if in Baltimore, Give Street and Number.} 907 Japonan Court

Duration of Residence in Baltimore.

C5945

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: about 35 yrs ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/28 1907 HARRY J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Rita Blackman M.D.

Address 700 Log ave (Corner)

Date Oct. 24th 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date Oct 27 190

Undertaker Commissioner Health, W

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

17 6 V

CERTIFICATE OF DEATH.

Registered No. B C 5966

City of Baltimore, (No. N.E. cor. Broadway & Fleet St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edw S Kay.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Oct (Month) 23 (Day) 1907 Year)

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Edw S Kay

BIRTHPLACE OF FATHER (State or country): U.S.

MAIDEN NAME OF MOTHER: Nellie Bunnell

BIRTHPLACE OF MOTHER (State or country): U.S.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw S Kay.

(Address) Broadway & Fleet

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 27th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 23 1907 to Oct. 27 1907

that I last saw h-im alive on Oct. 27th 1907,

and that death occurred, on the date stated above, at 5.20 P.M. The CAUSE OF DEATH was as follows:

Dysentery at Birth

(DURATION) ..... DAYS

Contributory

(DURATION) ..... DAYS

(Signed) Trust Maynard M. D.

10/28 1907 (Address) 1516 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct. 28 1907

UNDERTAKER: Randall Lippel & Son — ADDRESS: 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 440 N. Fremont Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Allen

{Residence, if in Baltimore, Give Street and Number.} 440 N. Fremont Ave

Duration of Residence in Baltimore. Lifetime C5967

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 11 1817

AGE: 90 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Francis Smith

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Fannie Hush

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Allen

(Address) 440 N. Fremont ave

Filed 10/28 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 22d 1907 to Oct. 25th 1907 that I last saw her alive on Oct. 25th 1907 and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) — (DURATION) DAYS

(Signed) E. Miller Reid, M.D.

Address 904 N. Fremont Ave.

Date Oct. 25/07 1907

Place of Burial Western Cemetery

Date Octo 29 1907

Undertaker Geo. Bunk

Address 574 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same shall be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5968

Registered No. B.....

City of Baltimore, (No. 712 E Chase St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leah Ludwig

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: November 23 1842 (Month) (Day) (Year)

AGE: 64 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): York Co Pa

FULL NAME OF FATHER: Daniel Seitz

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Anna Price

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Agnes Ludwig

(Address) 712 E Chase

Filed 10/28 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 16 1907 to October 25 1907

that I last saw her alive on Oct 25 1907

and that death occurred, on the date stated above, at 6.35 p.m. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 3 DAYS

Contributory Arterio Sclerosis & Emaciation (DURATION) ..... DAYS

(Signed) Howard E. Madden M. D.

Oct 26 1907 (Address) 732 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Glenn Rock, Pa. DATE OF BURIAL: Oct. 29. 1907

UNDERTAKER: H. C. Weichfield ADDRESS: 24 Greenmount

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name C. A. LeRoy Collier

{ Residence, if in Baltimore, Give Street and Number. } 1728 N. Monteford ave

Duration of Residence in Baltimore..... Life C5969

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	January 14 1891
AGE	16 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	James F Collier
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Ella Budburn
BIRTHPLACE OF MOTHER (State or country)	Petersburg Va
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F Collier

(Address 1728 N Monteford ave

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1907 to Oct 26 1907

that I last saw h[illegible] alive on Oct 26 1907

and that death occurred, on the date stated above, at 9[illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

24 hrs (DURATION) DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 7 DAYS

(Signed) W. W. Bowen M.D.

Address Md. General Hosp.

Date Oct. 26 1907

Place of Burial Mt Olivet Cem

Date Oct 29 1907

Undertaker Robt E Edwards

Address 1421 Eutaw.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5970 118

CERTIFICATE OF DEATH.

(Place of Death.) No. 1207 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna M. Darsa

{ Residence, if in Baltimore, Give Street and Number. } 1207 N. Chester St.

Duration of Residence in Baltimore. Life

C 5970

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January 3rd 1892

AGE 15 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Edward Darsa

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Minnie Smith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED ~~Dressing in Shirt factory~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry V Martin

(Address) 1207 N Chester st.

Filed 10/28 1907 HARRY J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1906 to Oct 26th 1907 that I last saw h[illegible] alive on " " 1907, and that death occurred, on the date stated above, at /

P. M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of Intestines

(DURATION) 4 hours DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) Albert G Dingfelder M.D.

Address 1503 E. North Ave.

Date October 26th 1907.

Place of Burial Holy Cross

Date Oct 29 1907

Undertaker Robt J Turner

Address 1442 N. Broadway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5971

City of Baltimore, (No. 3104 Walbrook Ave., St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mariam P. McDonald.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct (Month) 25 (Day) 1907 (Year)

AGE ____ years, ____ months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ____

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo. E. McDonald.

BIRTHPLACE OF FATHER (State or country) Homestead, Baltimore Md

MAIDEN NAME OF MOTHER Marian Paxson

BIRTHPLACE OF MOTHER (State or country) Penna.

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E McDonald

(Address) 3104 Walbrook Ave.

Filed 10/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Oct 27 1907

that I last saw her alive on Oct 27 1907,

and that death occurred, on the date stated above, at 6.45 P.M. The CAUSE OF DEATH was as follows:

Atelectasis

(DURATION) 2 DAYS

Contributory Asphyxia

(DURATION) 2 DAYS.

(Signed) John R. Abercrombie M.D.

10/28 1907 (Address) 827 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL Greenmt. | DATE OF BURIAL Oct 28 1907

UNDERTAKER H. C. Wiedefeld | ADDRESS 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

1744

(Place of Death.) No. 3404 Windsor Av St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Lorenzo Buchannan

{ Residence, if in Baltimore, Give Street and Number. } 1334 Pulaski St

Duration of Residence in Baltimore. C5972

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — — 1 —

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Appia Pyles N. W. D.

(Address)

Filed 10/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate

Accidental Inhalation of illuminating gas

Acute Indigestion (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Alice Ratchford M.D.

Address 708 Lafayette Av. (Emory)

Date Oct. 26th 1907

Place of Burial Mt. Auburn

Date October 28 1907

Undertaker JAMES H. DENNIS.

Address 1832 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1138 Wilmot Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allen S. Hawkins

{ Residence, if in Baltimore, Give Street and Number. } 1138 Wilmot Alley

Duration of Residence in Baltimore. Life C5973

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Sept 12 — 1

AGE: ..... years, 1 months, 17 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Ernst Kurz

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Gertrude Hawkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bosley

(Address) 1117 Dolphin Ave.

Filed 10/28 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 27th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Oct 27 1907

that I last saw him alive on Oct 25 1907.

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Intestinal

Infection

(DURATION) DAYS

Con'tributory (Primary.) Bad feeding and Care — (DURATION) DAYS

(Signed) Samuel A. Bain M.D.

Address 619 W Biddle

Date Oct 28th 1907

Place of Burial Lorel Cemetery

Date Oct 29th 1907

Undertaker J. A. Bosley

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 419 N Kuu St. St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Geo. J. B. Paul.

{ Residence, if in Baltimore, Give Street and Number. } 419 N Kuu St.

Duration of Residence in Baltimore. Life.

C5974

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	26 Aug 1849
AGE	58 years, 2 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara E. Paul.

(Address) 419 N Ann St

Filed 10/28 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Oct 27 1907

that I last saw h alive on Oct 27 1907

and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolism

(DURATION) DAYS

Contributory (Primary) Chronic Endocarditis

(DURATION) DAYS

(Signed) C. Edward

M.D.

Address 419 E Eager St

Date Oct 28th 1907

Place of Burial Baltimore Cemetery

Date Oct 30th 1907

Undertaker Josiah Leffler

Address 1600 N Albert Ave

WM. J. C. DULANY CO., BALTIMORE.

C 5975

CERTIFICATE OF DEATH.

(Place of Death.) No. 1911 North Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Landon Hubbell

{Residence, if in Baltimore, Give Street and Number.} 1911 North Calvert Street

Duration of Residence in Baltimore. Life-time C5975

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 12" 1905

AGE 2 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER George A. Hubbell

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Nancy Brown

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Hubbell

(Address) 1911 N. Calvert St.

Filed 10/28 1907

HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Octo 27 (27th) 1907

I HEREBY CERTIFY, That I attended deceased from Augt 1st 1907 to Oct 27th 1907

that I last saw him alive on Oct 27th 1907

and that death occurred, on the date stated above, at ____ P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ____ DAYS

Con'ributory (Primary.) Whooping Cough about

Bronchopneumonia (DURATION) 120 DAYS

(Signed) Geo. E. Reynolds M.D.

Address 509 N Charles St

Date Oct 28th 1907 1907

Place of Burial Woodlawn Cemetery

Date October 28" 1907

Undertaker Henry W. Mears Jr.

Address 7 West North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Zacheriah Baldwin

{ Residence, if in Baltimore, Give Street and Number. } 1103 Bowen St

Duration of Residence in Baltimore. 5

C5976

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Unknown~~ 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Nelson Baldwin

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hannah Capers

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Robt Baldwin

(Address) 1103 Bowen St

Filed 10/28 1907

HARRY O. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1907

I HEREBY CERTIFY, That I attended deceased from Oct 24 1907 to Oct 27 1907

that I last saw him alive on Oct 27 1907, 8:30

and that death occurred, on the date stated above, at ....

I. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harvey Cushing M.D.

Address Johns Hopkins Hospital

Date October 27 1907

Place of Burial Cldridge Md

Date Oct 30 1907

Undertaker W J Baldwin & Sons

Address Camden Station

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Arnold Hotel, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Gierloff

{ Residence, if in Baltimore, Give Street and Number. } ~~1008 Bond St~~ 2421 Eager Ave

Duration of Residence in Baltimore. 17 Years C5977

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Ship Rigger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Gierloff

(Address) 2421 Eager Ave

Filed 10/28 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 27 1907

that I last saw h im alive on Oct 27 1907,

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Stomach Malaria

(DURATION) 16 ~~Years~~ DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Arnold Hotel, Baltimore

Date Oct 27 1907

Place of Burial Oakhill

Date Oct. 30 1907

Undertaker Grant Brack

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 Pitcher St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Spellman

{ Residence, if in Baltimore, Give Street and Number. } 605 Pitcher St.

Duration of Residence in Baltimore. Life

C5978

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 18 1907

AGE ... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER C. A. Spellman

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER M. K. Thalheimer

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. A. Spellman

(Address) 605. Pitcher St.

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Oct 28 1907

that I last saw h[illegible] alive on Oct 27 1907, and that death occurred, on the date stated above, at 3.30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Sporic Bofida

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia

(DURATION) 10 DAYS

(Signed) Irvin Eberth M.D.

Address 1741 Park Ave

Date Oct 28 1907

Place of Burial Greenmount Cathedral

Date Oct 28 1907

Undertaker M. F. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Roddy

{ Residence, if in Baltimore, Give Street and Number. } 1028 Greenmount ave

Duration of Residence in Baltimore. 7

C5979

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: M. Roddy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Cuf

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Bridget Roddy

(Address) 1028 Greenmount Ave

Filed 10/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Oct 25 1907

that I last saw h[illegible] alive on Oct 25 1907;

and that death occurred, on the date stated above, at 6 15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Diabetes mellitus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. W. Elbrough M.D.

Address Johns Hopkins Hosp

Date Oct. 26 1907

Place of Burial New Cathedral Cemetery

Date Oct. 29 1907

Undertaker Henry Horde & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 E Biddle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William S. Cook

{Residence, if in Baltimore, Give Street and Number.} 1215 E Biddle st

Duration of Residence in Baltimore. Lifetime C 5980

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 19th 1859

AGE: 48 years, 1 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Robt a Cook

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret a Cook

(Address) 1215 E Biddle st

Filed 10/28 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h alive on \ 190,

and that death occurred, on the date stated above, at 7.16 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroners Office

Date Oct 27 1907

Place of Burial Greenmount Cemetery

Date October 29th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harvey S. Watson

{ Residence, if in Baltimore, Give Street and Number. } 1126 Barclay st

Duration of Residence in Baltimore. Lifetime C5981

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 4th 1906

AGE: 1 years, 7 months, 24 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm J Watson

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Margaret B. Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Watson

(Address) 1126 Barclay st

Filed 10/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Oct 28 1907 that I last saw him alive on Oct 27 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 5 DAYS

Contributory (Primary.) Intercular hemorrhage

(DURATION) 12 DAYS

(Signed) A G Beck M.D.

Address 214 E Preston st

Date Oct. 28, 1907

Place of Burial Greenmount Cemetery

Date October 30th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Eutaw St. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Behr C5982

{Residence, if in Baltimore, Give Street and Number.} 1108 Eutaw St.

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1823

AGE: 84 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valentine Behr

(Address) 15 Highland Ave

Filed 10/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1907 to Oct. 27 1907 that I last saw her alive on Oct 25 1907 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis chronic (DURATION) — DAYS

Contributory (Primary) asthma (DURATION) 3 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Eaton St

Date Oct 27 1907

Place of Burial Sacred Heart Cemetery

Date Oct 29th 1907

Undertaker Germanus Thanhauser

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Woodley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. McMillen

{Residence, if in Baltimore, Give Street and Number.} 1118 Woodley

Duration of Residence in Baltimore. Lifetime C5983

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 1 – 1847
AGE	60 years, 6 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	James McMillen
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Hannah Woods
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore J. McMillen

(Address) 1118 Woodley st.

Filed 10/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 – 1907

I HEREBY CERTIFY, That I attended deceased from May 26 – 1907 to Oct. 26 – 1907

that I last saw h~~im~~ alive on " " 1907.

and that death occurred, on the date stated above, at 9-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of rectum

10 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date October 27 1907

Place of Burial Loudon Pk

Date Oct 29 1907

Undertaker Kath & Sunn

Address 1x2 N. Eden.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma C Flory

{ Residence, if in Baltimore, Give Street and Number. } 20 1/2 E Chester St

Duration of Residence in Baltimore.. C 5984

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 4 1864

AGE 43 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm F Fockler

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Shaffer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm E Flory

(Address) 20 1/2 E Chester St

Filed 10/28 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to Oct 28 1907

that I last saw her alive on Oct 28 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia.

(DURATION) DAYS

Contributory (Primary.) Carcinoma cervicis uteri (DURATION) DAYS

(Signed) E H Richardson M.D.

Address Johns Hopkins Hospital

Date October 28 1907

Place of Burial Smithburg Md

Date Oct 30th 1907

Undertaker Edward E Hull

Address 221 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo W Klank

{ Residence, if in Baltimore, Give Street and Number. } 1127 Wooley St. C5985

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH Dec 25th 1886

AGE (20) 20 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER George H Klank

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Scholastica Farnholz

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. Marley

(Address) 329 N. Gilmore

Filed 10/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Carbolic Acid Suicide

(DURATION) 1 hour DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Marley M.D.

Address Coroner

Date Oct 27 1907

Place of Burial Baltimore Cemetery

Date Oct 29th 1907

Undertaker Geo J Smith Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 5986

City of Baltimore, (No. Garrett Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marley Isaacsohn

PERSONAL AND STATISTICAL PARTICULARS

SEX: f. COLOR: wh

DATE OF BIRTH: Aug (Month) – 25 (Day) 1907 (Year)

AGE: ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Isaacsohn

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Gotlick

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Isaacsohn

(Address) 912 E Fayette st

Filed Oct 29 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Oct 27 1907 that I last saw h[er] alive on Oct 26 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 9 ~~wks~~ DAYS

Contributory Exhaustion

(DURATION) ~ DAYS

(Signed) John Ruhrah M. D.

Oct 29 1907 (Address) 839 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 912 E Fayette St, How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Rose Dale Cemetery

DATE OF BURIAL: Oct 29 1907

UNDERTAKER: Max Levinsony

ADDRESS: 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W. Addison Jr

{ Residence, if in Baltimore, Give Street and Number. } 1710 McCulloh

Duration of Residence in Baltimore. Life C5987

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 23rd 1883

AGE 24 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo Waddison Jr

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Nellie E Morrow

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Addison Jr

(Address) 1713 McCulloh St.

Filed 10/29 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 13 1907 to Oct 28 1907

that I last saw him alive on Oct 28 1907, and that death occurred, on the date stated above, at 4.20 A. M.

CAUSE OF DEATH (Secondary, or Immediate)

Pneumonia

(DURATION) 15 DAYS

Contributory (Primary.) Heart failure

(DURATION) 2 DAYS

(Signed) Jno Eb Lamb M.D.

Address 1741 Park Ave

Date Oct 28 1907

Place of Burial Loudon Park

Date Oct 30th 1907

Undertaker Bertram Bloom

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 906 Abraham Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Bowser

{Residence, if in Baltimore, Give Street and Number.} 906 Abraham Ave

Duration of Residence in Baltimore. Life C5988

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B

DATE OF BIRTH 1

AGE 3 years, 6 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Henry Bowser

BIRTHPLACE OF FATHER (State or country) Va -

MAIDEN NAME OF MOTHER Alverta Bowser

BIRTHPLACE OF MOTHER (State or country) Maryland -

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alverta Bowser

(Address) 906 Abraham ave

Filed 10/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~im~~ alive on ~~1907~~,

and that death occurred, on the date stated above, at 1145 a. m. CAUSE OF DEATH (Secondary or Immediate)

Dr. Diarrhea

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo L Cornetz M.D.

Address Corner

Date Oct 28 1907

Place of Burial Laurel Cemetery

Date Oct 29th 1907

Undertaker R-A Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 938 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Bland

{ Residence, if in Baltimore, Give Street and Number. } 938 D. Hill Ave

Duration of Residence in Baltimore. Few years C 5989

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH — — 1	
AGE 19 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Augustus Bland
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Amelia Henry
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Amelia Bland

(Address) 938 N. H. Ave

Filed 10/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Oct. 26 1907

I HEREBY CERTIFY, That I attended deceased from Oct 24 1907 to Oct 26 1907

that I last saw her alive on Oct 26 1907,

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

about 2 mos (DURATION) — DAYS

Contributory (Primary.) Effusion

(DURATION) DAYS

(Signed) E. J. Wheatley M.D.

Address 1230 E. Hill Ave

Date Oct 28 1907

Place of Burial Laurel

Date October 29 1907

Undertaker R. A. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14 L

CERTIFICATE OF DEATH.

Registered No. B C 5990

City of Baltimore, (No. 16, Hafer St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Klein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 15 1840 (Month) (Day) (Year)

AGE: 67 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Klein

(Address) 156 Wilkens Ave

Filed 10/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 28th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 17th 1907 to Oct 28th 1907 that I last saw her alive on Oct. 27th 1907, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Dysentery

(DURATION) 11 DAYS

Contributory Articular Rheumatism 4 years (DURATION) DAYS

(Signed) H. W. Webner M. D.

Oct. 28 1907 (Address) 723 N. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Oct 31 1907

UNDERTAKER: Geo J Smith & Co | ADDRESS: W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Bertha~~ 1350 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Holland

{Residence, if in Baltimore, Give Street and Number.} 1350 Cleveland st.

Duration of Residence in Baltimore... year C5991

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	Oct 1882
AGE	25 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Co.
FULL NAME OF FATHER	X
BIRTHPLACE OF FATHER (State or country)	X
MAIDEN NAME OF MOTHER	X
BIRTHPLACE OF MOTHER (State or country)	X
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Holland

(Address) 1350 Cleveland

Filed 10/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1907 to Oct 27th 1907

that I last saw h er alive on Oct 27 1907,

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Leitch M.D.

Address 1313 N. Broadway

Date Oct 28th 1907

JOHNS HOPKINS HOSPITAL OCT 28 1907

Place of Burial

Date 190

Commissioner Health.

Undertaker

Address Hewell & Dewberries

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1/5

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, C...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

C 5992

Registered No. B .....

City of Baltimore, (No. 429 Aisquith St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edd Connara

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 3 (Day) 1907 (Year)

AGE: ..... years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Ella Connara

BIRTHPLACE OF MOTHER (State or country): Don't Know

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson

(Address) 1123 N. Eden St

Filed 10/29 1907

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Oct 23 1907

that I last saw him alive on Oct 1 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 15 DAYS

Contributory Could find no food that would agree

(DURATION) Supreme DAYS

(Signed) E. L. Peterson M. D.

Oct 24 1907 (Address) 1102 N. Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: OCT 28 1907

UNDERTAKER: Commissioner Health

ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURP

4 V

2

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Mahoney.

{Residence, if in Baltimore, Give Street and Number.} Alice Ann St

Duration of Residence in Baltimore. 17 years. C5993

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Unknown

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Oct 26 1907

that I last saw h[im] alive on Oct 26 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H H Baker M.D.

Address Balto City Hospital

Date Oct 27 — 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 28 1907 190 —

Undertaker Commissioner Health.

Address Health Dep[t] W[ar]dmen

FOR ANATOMICAL PURP[OSES]

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Caroline Adams

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

C 5994

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: February 15 1831

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Frederick Co,

FULL NAME OF FATHER: Joseph Williams

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Lottia Lye

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 10/29 1907 HARRY D. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct: 27th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Er alive on Oct 25 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Oct 28 1907

Place of Burial Oct: 29th

Date Holy Cross 1907

Undertaker Henry C Wiedefield

Address 914 Greenmount av

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90V

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name James Jos: Gallagher

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C5995

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W.
DATE OF BIRTH: Aug 22? 1831	
AGE: 76 years, 2 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Howard Co;	
FULL NAME OF FATHER: John Gallagher	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Mary McDonough	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: gardener	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 10/29 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct: 28th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on Oct 25 1907

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. A. Warner M.D.

Address 1133 Valley St

Date Oct 28 1907

Place of Burial Holy Cross

Date Oct 29. 1907

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 E. Madison St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Amelia McCart

{Residence, if in Baltimore, Give Street and Number.} 1218 E. Madison St

Duration of Residence in Baltimore. Life C5996

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 28 1843

AGE 64 years, 2 months, 29 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Stephen Simmons

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cath. Sheppard

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Mode

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alice McCart

(Address) 1218 E. Madison St

Filed 10/29 1907 HARRY O. ANDREWS, DEPUTY CLERK, Registrar

Dr Boyle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1907 to Oct 27th 1907

that I last saw h[illegible] alive on Oct 21st 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Brain

(DURATION) 1 DAYS

Contributory (Primary) Chronic Dyspepsia (DURATION) 21 DAYS

(Signed) Jno. Bowie Boyle M.D.

Address 104 E. Madison St.

Date Oct 28th 1907

Place of Burial Cathedral

Date Oct. 30 1907

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

STATISTICS

CERTIFICATE OF DEATH. C5991

(Place of Death.) No. 1030 Homewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Meers

{Residence, if in Baltimore, Give Street and Number.} 1030 Homewood Ave

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 74 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1030 Homewood Ave

Filed 10/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27th 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Oct. 27th 1907 that I last saw h[e] alive on Oct 17th 1907, and that death occurred, on the date stated above, at 1030 P.M. CAUSE OF DEATH (Secondary or Immediate)

Age & Infirmity (Ground Dropsy)

(DURATION) 90 DAYS

Contributory (Primary) Heart Disease

(DURATION) DAYS

(Signed) Jno. Boyle Jr. M.D.

Address 1014 E. Madison St.

Date Oct 28th 1907

Place of Burial Cathedral

Date Oct. 30, 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 5999 Registered No. B C 5999

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 809. N. Gilmor St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. T. Mitchell.

{ Residence, if in Baltimore, Give Street and Number. } 809 N. Gilmor St.

Duration of Residence in Baltimore. About 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 1836

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince George County Md.

FULL NAME OF FATHER: Geo. Washington Mitchell

BIRTHPLACE OF FATHER (State or country): Prince George County Md.

MAIDEN NAME OF MOTHER: Mary Ann Smith

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Matilda A. Mitchell

(Address) 809 N. Gilmor St.

Filed 10/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21 1907 to Oct 26 1907 that I last saw him alive on Oct 26 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) Herbert C. Blake M.D.

Address 10 W. N. LaFayette ave

Date Oct - 27. 1907

Place of Burial: Loudon Park Cemetery

Date October 29th, 1907 190

Undertaker Wm. M. Gawthrop

Address Mt North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6000 — Registered No. B C 6000

14 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 558 McMechin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Stule Russell

{Residence, if in Baltimore, Give Street and Number.} 558 McMechin St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: March 28th 1827

AGE: 80 years, 7 months, 00 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): County Antrim Ireland

FULL NAME OF FATHER: James Stule

BIRTHPLACE OF FATHER (State or country): County Antrim Ireland

MAIDEN NAME OF MOTHER: Agnes Kirry

BIRTHPLACE OF MOTHER (State or country): County Antrim Ireland

OCCUPATION OF DECEASED: No occupation.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James S. Russell (Son)

(Address) 558 McMechen St.

Filed 10/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28 1907

I HEREBY CERTIFY, That I attended deceased from many years 190 to October 28 1907 that I last saw her alive on October 27 1907 and that death occurred, on the date stated above, at 4.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bowel trouble — Dysenteric

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) W. F. A. Kemp M.D.

Address 8 W 25th St

Date October 28th 1907 ✓

Place of Burial Loudon Park Cem.

Date October 30 1907

Undertaker Harry W. Ehlen

Address 1944 W. North ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6001 Registered No. B C 6001

CERTIFICATE OF DEATH.

67 4

(Place of Death.) No. 1603 - N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie O. Gray

{Residence, if in Baltimore, Give Street and Number.} 1603. N. Fulton ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 22 1834

AGE 73 years, 8 months, 5 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Margaret Davis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Gray

(Address) 1603 N. Fulton ave

Filed 10/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 26 1907 to Oct 27 1907

that I last saw h[illegible] alive on Oct 26 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Paralysis agitans

(DURATION) Years

Con'tributory (Primary.) Partial Paralysis (DURATION) 1 mos. DAYS

(Signed) Thos E Jones M.D.

Address 1744 N Monday

Date Oct - 27th 1907

Place of Burial Druid Ridge Cemetery

Date October 30 1907

Undertaker Harry W. Ellen

Address 1944 W. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6002 — Registered No. B C 6002

166V

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 Caroline st bet Lombard & Pratt sts. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Seideman

{Residence, if in Baltimore, Give Street and Number.} 1429 Gough

Duration of Residence in Baltimore. Life 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Max Seideman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Flichter

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Seideman

(Address) 1429 Gough st

Filed 10/29 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Abdominal Injury by being run over by the wagon

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Rood Dale Cemetery Hebrew

Date Oct 29, 1907

Undertaker Mark Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 6003 Registered No. B C 6003

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 Myrtle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel D. Scott.

{Residence, if in Baltimore, Give Street and Number.} 239 Myrtle Ave.

Duration of Residence in Baltimore 239 Myrtle Ave.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James. H. Dennis

(Address) 1332 Pressman.

Filed 10/29 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 6th 1907 to Oct. 26th 1907

that I last saw him alive on Oct. 14th 1907

and that death occurred, on the date stated above, at P M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary) Interstitial Nephritis (DURATION) DAYS

(Signed) W. J. Carr, M.D.

Address 515 Mosher St.

Date Oct. 29th 1907

Place of Burial Mount Auburn

Date Oct. 29 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6004 Registered No. B C 6004

CERTIFICATE OF DEATH. 19V

(Place of Death.) No. 523 McMechen St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sarah J. Jones

{Residence, if in Baltimore, Give Street and Number.} 523 McMechen St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Don't Know

AGE When 52 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Don't Know

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) J. H. Burdett

(Address) 1107 Druid Ave

Filed 10/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28th 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to Oct. 28 1907

that I last saw h[illegible] alive on Oct. 28 1907

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema.

(DURATION) DAYS

Contributory (Primary) Uterus-sclerosis

Cardiac dilatation (DURATION) DAYS

(Signed) W. J. Carr, Jr. M.D.

Address 515 Mosher St

Date Oct. 29th 1907

Place of Burial Mt Auburn Cem

Date Oct 31st 1907

Undertaker J. H. Burdett

Address 1107 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93V

CERTIFICATE OF DEATH.

Registered No. B C 6005

City of Baltimore, (No. 514 N. Patterson Park Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George L. Jacob

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 6 (Day) 1827 (Year)

AGE: 80 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Jacob

(Address) 514 N. Patterson Park

Filed 10/29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Oct 28 1907 that I last saw him alive on Oct 28 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Interstitial Pneumonia

(DURATION) 40 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Geo F. Taylor M. D.

10-29 1907 (Address) 123 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Oakland Cem

DATE OF BURIAL: Oct 31 1907

UNDERTAKER: Josiah Lapp

ADDRESS: Gen'l Manager

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C 6006 Registered No. B C 6006

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 N. Payson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Emory Nolen

{Residence, if in Baltimore, Give Street and Number.} 717 N. Payson st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 29 1876

AGE 31 years, 5 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Lewis Nolen

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Elizabeth V Sewell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna S. Nolen

(Address) 717 N. Payson St

Filed 10/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday Oct 28th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 28th 1907 to Oct 28th 1907 that I last saw him alive on Oct 28th 1907, and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 1/2 DAYS

Contributory (Primary.) Pneumonia Croupous

(DURATION) 3 1/2 DAYS

(Signed) C. B. Barlow M.D.

Address 607 N Charles St.

Date Oct 29th 1907

Place of Burial Western

Date Oct 31 1907

Undertaker John E. Francis

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6007

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6007

City of Baltimore, (No. 1310, Strom St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Fox.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. (Month) 10 (Day) 1869 (Year)

AGE 38 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Atwell

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Ahern

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED. Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lehren

(Address) 109 S. Calhoun St.

Filed 10/29/1907

HARRY O. ANDREWS, Registrar

PERRIS CLERK.

W. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 22 1907 to October 28 1907

that I last saw her alive on October 26 1907,

and that death occurred, on the date stated above, at 4 11 M. The CAUSE OF DEATH was as follows:

Heart disease (Adynamic)

(DURATION) DAYS

Contributory Tuberculosis

(DURATION) 6 mos DAYS

(Signed) Francis N. Byrne M. D.

Oct 28 1907 (Address) 1223 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	October 7
UNDERTAKER	ADDRESS
Jos. Stuntebeck	1318 [illegible] St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 6008 Registered No. B C 6008

71r

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Geiger

{Residence, if in Baltimore, Give Street and Number.} 227 S. Ann St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Oct. 15th 1907

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Antoni Geiger

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Alexandr. Siwiencinska

BIRTHPLACE OF MOTHER (State or country) Poland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felicia Malinowska

(Address) 227 S. Ann

Filed 10/29 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1907

I HEREBY CERTIFY, That I attended deceased from Oct 28 1907 to Oct 29 1907

that I last saw h— alive on Oct 29 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 18 hrs DAYS

Contributory (Primary.) Indigestion

(DURATION) 4 hours

(Signed) J. J. Valentine M.D.

Address 161 Bond

Date Oct 29 1907

Place of Burial Holy Rosary

Date October 30 1907

Undertaker Jacob Trallowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

10

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42

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6009

City of Baltimore, (No 1121 Harlem Garrett Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Virginia V Gornett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 18 1839
(Month) (Day) Year)

AGE 68 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Essex Co Va

FULL NAME OF FATHER Thomas Gornett

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Virginia Spurlock

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Kinzwin

(Address) 1121 Harlem Ave

Filed 10/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 29 1907

that I last saw h alive on Oct 24 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

One Year
(DURATION) DAYS

Contributory Edema

(DURATION) DAYS

(Signed) Jno H Brent M. D.

1907 (Address) 220 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Richmond Va | DATE OF BURIAL Oct 29 1907

UNDERTAKER Geo J Smith & Co | ADDRESS 605 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 6010 Registered No. B C 6010

CERTIFICATE OF DEATH.

74

(Place of Death.) No. St. Queen's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Schwarzkolf

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Aug 25 1906

AGE: 1 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vin Inf Asy.

(Address)

Filed 10/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Oct 28 1907 that I last saw h~~im~~ alive on Oct 26 1907, and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Bronco-pneumonia

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1230 N Carrollton

Date 10 — 28 1907

Place of Burial New Cathedral

Date Oct 29 1907

Undertaker Martin Fahey

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6011 Registered No. B C 6011

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Herms

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Sept 22, 1907

AGE ..... years, 1 month, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy

(Address)

Filed 10/29 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Oct 27 1907 that I last saw h[illegible] alive on Oct 26 1907, and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C H Hayman M.D.

Address 1230 N Carrollton

Date 10-27- 1907

Place of Burial Fair Cathedral

Date Oct 29 1907

Undertaker Martin Fahey & Co

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6012 Registered No. B C 6012

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Comptree

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Aug 3, 1907

AGE ..... years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 10/29 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Oct 26 1907

that I last saw her alive on Oct 26 1907,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1238 N Caroline

Date 10 — 26 — 1907

Place of Burial New Cathedral

Date October 29 1907

Undertaker Martin Kelly & Son

Address 106 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

371

CERTIFICATE OF DEATH.

Registered No. B 6013

City of Baltimore, (No. Old York Road & Gittelsville Annex St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward I. Meredith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. 10th 1880 (Month) (Day) (Year)

AGE: 27 years, ... months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Grandstown

FULL NAME OF FATHER: Wm H. Meredith

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Susanah Smith

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Car Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Gaines

(Address) Old York Road

Filed Oct 30 1907

ROBT C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to Oct. 25 1907 that I last saw h.. alive on Oct. 25 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 4 Mos DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Lewis R. Palmer M. D.

Oct. 25 1907 (Address) 1021 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Oct 28 1907

UNDERTAKER: JOHN E. HOUGH CO

ADDRESS: Park Ave & Mulberry St Baltimore, Md.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C 6014

Ward 23 Registered No. B

C 6014

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isollie Evans

{Residence, if in Baltimore, Give Street and Number.} 1407 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED House w

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Andrews

(Address 1528 Canton Ave.

Filed 10/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Dullin Coroner M.D.

Address 320 4 Aisquith St

Date 190

Place of Burial New Methodist

Date Oct. 30 1907

Undertaker Kendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6015 Registered No. B C 6015

CERTIFICATE OF DEATH.

(Place of Death.) No. 4035. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vito Prinzi

{Residence, if in Baltimore, Give Street and Number.} 4035. Central ave

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Angelo Prinzi

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER I

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Rattini

(Address) 1000 Eastern Ave

Filed 10/30 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Oct 26 1907 that I last saw h alive on Oct 25 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

8 Mths (DURATION) DAYS

Contributory (Primary.)

asthenia (DURATION) 2 DAYS

(Signed) Anthony L. Pellettieri M.D.

Address 827 Aisquith St

Date Oct 28 1907

Place of Burial Holy Rosary

Date Oct. 30th 1907

Undertaker Arundell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 6016 Registered No. B C 6016

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 30 N. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna M. Trabert

{ Residence, if in Baltimore, Give Street and Number. } 30 N. Curley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 1 years, 1 mont's, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Jerome Trabert

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Anna

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Trabert

(Address) 30 N. Curley st.

Filed 10/30 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Oct 28 1907 that I last saw her alive on " " 1907, and that death occurred, on the date stated above, at 5.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eczema &
Gastro Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. Dearn M.D.

Address 156 Appleton Ave

Date Oct. 29 1907

Place of Burial Holy Redeemer

Date Oct. 30 1907

Undertaker Hudell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 6017 Registered No. B C 6017

CERTIFICATE OF DEATH. 71V

(Place of Death.) No. 1637 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Majka

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 25 1907

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Roman Majka

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Zuzanna Sotowna

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roman Majka

(Address) 1637 Thames St

Filed 10/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29 1907

I HEREBY CERTIFY, That I attended deceased from October 29 1907 to October 29 1907 that I last saw him alive on October 29 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion (DURATION) 1 DAYS

Contributory (Primary.)

Egg shows Sick (DURATION) 1 DAYS

(Signed) S. J. Szumalski M.D.

Address 922 S. Ann

Date October 29 1907

Place of Burial Holy Rosary

Date October 30 1907

Undertaker M. A. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6018 Registered No. B C 6018

CERTIFICATE OF DEATH.

(Place of Death.) No. 296 Hanford Road St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Dietz

{Residence, if in Baltimore, Give Street and Number.} 296 Hanford Road -

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Dietz

(Address) 296 Hanford Ave.

Filed 10/30 1907

HARRY C. ANDREAS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28th 1907

I HEREBY CERTIFY, That I attended deceased from July 23rd 1907 to Sept. 17 1907

that I last saw h- alive on " 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach

(DURATION) 160 DAYS

Contributory (Primary) as stated.

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Fayette St

Date Oct. 28th 1907

Place of Burial Holy Redeemer Cemetery

Date October 31st 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, place of birth, residence, occupation, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10

C 6019

Registered No. B C 6019

CERTIFICATE OF DEATH.

(Place of Death.) No. Ensor near Eliare St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Ratican

{Residence, if in Baltimore, Give Street and Number.} 932 Cresmith

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas Ratican

BIRTHPLACE OF FATHER (State or country) Irel.

MAIDEN NAME OF MOTHER Mary Egan

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Ratican

(Address) 1049 Harford Av.

Filed 10/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 5:15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

(DURATION) DA

Contributory (Primary)

(DURATION) DAY

(Signed) Fred'k Carnes M.D.

Address Coron Dept

Date Oct 28 1907

Place of Burial New Cathedral Cemetery

Date October 31 1907

Undertaker Henry Hoeck Sons

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 6020 Registered No. B C 6020

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva L. Wyatt

{ Residence, if in Baltimore, Give Street and Number. } 1107 Wilcox St.

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Peter Dill

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Butler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. John Gadwinkel

(Address) 1107 Wilcox St.

Filed 10/20 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1907 to Oct. 18 1907

that I last saw h[illegible] alive on Oct. 17 1907,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) 48 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. C. Yellott, M.D.,

Address 411 E. Eager St.

Date Oct. 21 1907.

Place of Burial St. Joseph's Cemetery (Belair Road)

Date Oct. 21 1907

Undertaker Henry Hoeck's Sons

Address 130 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47 ✓

CERTIFICATE OF DEATH.

Registered No. BC 6021

City of Baltimore, (No. 300, E. Lehan St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George L Kraft

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: wht

DATE OF BIRTH: July (Month) 26 (Day) 1851 (Year)

AGE: 56 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jacob Kraft

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christiana Waber

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED: coal merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. L. Kraft

(Address) Pikesville Md

Filed 10/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Oct 29 1907

that I last saw him alive on Oct 29 1907,

and that death occurred, on the date stated above, at 945 P. M. The CAUSE OF DEATH was as follows:

Heart Disease

2 years (DURATION) DAYS

Contributory Rheumatism

6 years (DURATION) DAYS

(Signed) G Lane Tanneyhill M. D.

Oct 30 1907 (Address) 1103 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Nov 1 1907

UNDERTAKER: C. L. Kraft — ADDRESS: Pikesville Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6022 — Registered No. B C 6022

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 Oxford Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mortimer L. Lystow

{Residence, if in Baltimore, Give Street and Number.} 606 Oxford Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: White.

DATE OF BIRTH: 1

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James T. Lystow

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget F. Brassil.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Lystow

(Address) 606 Oxford Av.

Filed 10/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1907 to Oct. 29th 1907 that I last saw him alive on Oct. 29th 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion & Syncope

(DURATION) 2 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) 4 Yr. DAYS

(Signed) William J. Tillsbury M.D.

Address 1801 John Road

Date Oct. 29th 1907

Place of Burial Cathedral

Date Oct 31 1907

Undertaker Wm Scott

Address 502 E Northern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 6023

Registered No. B

CERTIFICATE OF DEATH.

C 6023

(Place of Death.) No. 1913 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin N. Buckingham

{Residence, if in Baltimore, Give Street and Number.} 1913 W Franklin

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benj. Buckingham

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Mitchell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Jennie Buckingham

(Address) 1913 W Franklin St

Filed 10/30 1907 HARRY C. ANDREES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28, 1907

I HEREBY CERTIFY, That I attended deceased from October 7, 1907 to October 28, 1907 that I last saw him alive on October 23, 1907 and that death occurred, on the date stated above, at 8.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 10 DAYS

Contributory (Primary.) Carcinoma of Liver & Bowel (DURATION) many D[illegible]

(Signed) John Hood M.D.

Address 630 N. Fitzhugh St

Date October 29, 1907

Place of Burial Westminster Md

Date Oct 31. 1907

Undertaker Wm Cook

Address 502 E. Hatch Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and** [illegible] **death.**

C 6024

Ward 3 C 6024 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1013 E. Lombard ST St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Emory

{ Residence, if in Baltimore, Give Street and Number. } 1013 E Lombard

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 13 1886

AGE: 21 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Dan Noble

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: Lama Willis

BIRTHPLACE OF MOTHER (State or country): Va-

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Emory

(Address) 1013 - E Lombard

Filed 10/30 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 27 1907

that I last saw her alive on Oct 27 1907,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Edema

1 month (DURATION) DAYS

Con'tributory (Primary) Ac. Bright Disease

4 months (DURATION) DAYS

(Signed) M. Kinsler M.D.

Address 1528 E Baltimore ST

Date Oct 29 1907

Place of Burial Suffolk Va

Date Oct 30 1907

Undertaker Winbook

Address 502 E Nathan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 6025 Registered No. B C 6025

CERTIFICATE OF DEATH. 93 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert R Taylor

{ Residence, if in Baltimore, Give Street and Number. } 275 Roland ave

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 10 1870

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll co. Md.

FULL NAME OF FATHER Harry Taylor

BIRTHPLACE OF FATHER (State or country) Carroll co Md

MAIDEN NAME OF MOTHER Jane Taylor

BIRTHPLACE OF MOTHER (State or country) Carroll co Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Taylor

(Address) 275 Roland ave

Filed 10/30 1907 HARRY C. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Oct 30 1907

that I last saw him alive on Oct 30 1907,

and that death occurred, on the date stated above, at 3:20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) —— DAYS

Contributory (Primary.) Exhaustion

(DURATION) —— DAYS

(Signed) H H Tucker M.D.

Address Balto City Hospital

Date Oct 30 1907

Place of Burial Potapsco Balto Co Md

Date Nov 1st 1907

Undertaker Wm E Chenowe[illegible]

Address 2193 3rd ave Ho[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6026

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

20 V

CERTIFICATE OF DEATH.

Registered No. B C 6026

City of Baltimore, (No. 1439, E. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Korber

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July (Month) 10 (Day) 1833 (Year)
AGE	74 years, 8 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kunigunda Korber

(Address) 1439 E. Fayette St.

Filed 10/30 1907

HARRY C. ARDINGER, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1907 to Oct. 27 1907 that I last saw him alive on Oct 26 1907, and that death occurred, on the date stated above, at 11.50 A. M. The CAUSE OF DEATH was as follows:

Fall down steps

(DURATION) 15 DAYS

Contributory Septicaemia

(DURATION) 10 DAYS

(Signed) Howard C. Silver M. D.

Oct. 28 1907 (Address) 191 Bolton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
N. Evergreen Cem	Oct. 30 1907
UNDERTAKER	ADDRESS
L. Gardel Sons	710 Canton Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Oct 29/07

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — C 6027 — Registered No. B C 6027

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles M. Fish

{Residence, if in Baltimore, Give Street and Number.} 325 N. Caroline St.

Duration of Residence in Baltimore. 7 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: Wh.

DATE OF BIRTH: — 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Rhode Island

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 10/30 1907 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 28 1907

that I last saw h[illegible] alive on Oct 28 1907 7.30

and that death occurred, on the date stated above, at 4 —

M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis —

(DURATION) — DAYS

Contributory (Primary.) Sclerosis.

(DURATION) — DAYS

(Signed) H H Eshner M.D.

Address Bayview City Hospital

Date Oct 28 1907

Place of Burial Providence R.I.

Date Oct. 30. 1907

Undertaker M. Doyle & Son.

Address 17 E. 25th St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

C 6028

931

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6028

City of Baltimore, (No. 1112 E. Lombard St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bennie Katz.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: October 20, 1 (Month) (Day) (Year)

AGE: 10, years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Lewis Katz.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Annie Zametissick

BIRTHPLACE OF MOTHER (State or country): Russia.

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Katz.

(Address) 1112 E. Lombard St.

Filed 10/30 1907

HARRY O. ANDREAS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octob. 30, 1907. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Octob 29 1907 to Octob 30 1907 that I last saw him alive on Octob 29 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 7 DAYS

Contributory Respiratory failure. (DURATION) 24 hours

(Signed) L. H. Ephraim. M. D.

Octob. 30 1907 (Address) 218 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Fair View Cemetery

DATE OF BURIAL: Oct. 30 1907

UNDERTAKER: Max Leinsdorf

ADDRESS: 1620 ma Eden st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — C 6029 — Registered No. B C 6029 — 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 Elbow Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Washington

{Residence, if in Baltimore, Give Street and Number.} 618 Elbow Lane

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, months, days

[redacted], MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Washington

(Address) 618 Elbow Lane

Filed 10/30 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Oct 30 1907

that I last saw him alive on Oct 29 1907,

and that death occurred, on the date stated above, at 430 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Lungs — —

Hemorrhage of Lungs

Contributory (Primary) Hemorrhage (DURATION) 2 DAYS

(Signed) Dr J W Kennard M.D.

Address 708 Ensor St

Date Oct 30 1907

Place of Burial Mt Auburn

Date Oct 30 1907

Undertaker J L Blount & Son

Address 1108 W Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 6030 Registered No. B C 6030

CERTIFICATE OF DEATH.

(Place of Death.) No. 45 E Randall St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Henry

{Residence, if in Baltimore, Give Street and Number.} 45 E Randall St

Duration of Residence in Baltimore. about 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 30 1883

AGE 24 years, 1 months, 28 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Jefferson Co W. Va.

FULL NAME OF FATHER Charles E. Henry

BIRTHPLACE OF FATHER (State or country) Jefferson Co W. Va.

MAIDEN NAME OF MOTHER Laura Myers

BIRTHPLACE OF MOTHER (State or country) Berkley Co. W Va.

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mildred V. Henry wife

(Address) 45 E Randall St

Filed 10/30 1907 HARRY O. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28th 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Oct 28th 1907 that I last saw h wife alive on Oct 28th 1907 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

4 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. O'Donnell M.D.

Address 1340 S Charles St

Date Oct 29th 1907

Place of Burial Martinsburg W. Va

Date October 31 1907

Undertaker Jos. Stanton & Son

Address 818 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — C 6031 — Registered No. B C 6031

CERTIFICATE OF DEATH. 114

(Place of Death.) No. 605 S Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Henry Newman 6

{ Residence, if in Baltimore, Give Street and Number. } 605 S Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR Colored

DATE OF BIRTH Don't know

AGE 28 years, — mon'ts, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Geo M Reinhardt Coroner

(Address)

Filed 10/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

2321

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo M Reinhardt M.D. Coroner

Address

Date October 29. 1907

Place of Burial COLLEGE OF P. & S. OCT 30 1907

Date 190

Undertaker Commissioner Health Department

Address

Body at the morgue Lity to bury Ms R

WM. J. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6032

Ward 20 C 6032 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 N. Bayson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Fitzpatrick Furgeson

{Residence, if in Baltimore, Give Street and Number.} 309 N Bayson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 12 1824

AGE: 83 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: James Forrester

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Sarrah Burgan

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate French

(Address) 1505 W Lombard

Filed 10/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Oct 29 1907 that I last saw h alive on Oct 26 1907 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Hr Circulas Rheumatism

Nine months (DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John L Ponna M.D.

Address 1302 W Lombard st

Date Oct 30 1907

Place of Burial Loudon Park

Date ~~Oct 31~~ Nov 1st 1907

Undertaker Geo F. Smith Co

Address 1000 Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1907 C 6033

Registered No. B

City of Baltimore, (No. 1011 W. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Maria Griffith

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Mar 12 (Month) 17 (Day) 1826 (Year)

AGE: 80 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Co

FULL NAME OF FATHER: Joseph Fagan

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Mary Powell

BIRTHPLACE OF MOTHER (State or country): Fairfax Court House

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Joseph Griffith

(Address) 1341 N. Mount St

Filed 10/30 11 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY, CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 20 Oct 1907 to 29 Oct 1907

that I last saw h. alive on 29 Oct 1907

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Cardiac Dysease (Mitral)

for years (DURATION) DAYS

Contributory Cerebral hemorrhage

(DURATION) 4 DAYS

(Signed) J. Lowrie Engle M. D.

30 Oct 1907 (Address) 1007 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 2 1907

UNDERTAKER: J. J. Smith & Co — ADDRESS: 1000 N. Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 ✓ C 6034 Registered No. B C 6034

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Robinson.

{Residence, if in Baltimore, Give Street and Number.} Maydel Md.

Duration of Residence in Baltimore. 1 Month 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Colored

DATE OF BIRTH 1876

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Theodore Robinson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. B. Clearance

(Address) Sudersville Md.

Filed 10/30" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29 1907

I HEREBY CERTIFY, That I attended deceased from 9-24-a 1907 to 10-29- 1907 that I last saw h er alive on 10-29 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) 3 Months

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Oct. 29 1907

Place of Burial Sudersville Md

Date Oct- 30th 1907

Undertaker Wm. M. Gawthrop

Address Nutter & Linden Sts-

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 6035 Registered No. B C 6035

CERTIFICATE OF DEATH.

10 6 ✓

(Place of Death.) No. 2514, Jefferson st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathew Cain

{Residence, if in Baltimore, Give Street and Number.} 2514, Jefferson st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: don't know 1847

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Cain

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph C. Cain

(Address) 507, N. Milton ave.

Filed 10/30 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29 1907

I HEREBY CERTIFY, That I attended deceased from Oct 28 1907 to Oct 28 1907 that I last saw him alive on Oct 28 1907, and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia, Pulmonary congestion

(DURATION) 2 DAYS

Contributory (Primary.) Enteric Colitis

(DURATION) 42 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date Oct. 29 1907

Place of Burial Cathedral Cemetery

Date October 31 1907

Undertaker Evans & Spence

Address 1[illegible] N. Milton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 6036 — Registered No. B C 6036

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 828, Granby. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank. Aleles

{Residence, if in Baltimore, Give Street and Number.} 828. S. ~~Bond~~ Granby. St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Whit

DATE OF BIRTH 1

AGE 1 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Simon Aleles

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Agata Sadunate

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agatha Aleles

(Address) 828 Granby St

Filed 10/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 3202 Greene St.

Date 190

Place of Burial Holy Rosary

Date October 31 1907

Undertaker Jacob Fialkowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6037

Ward 4 Registered No. B C 6037

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Justina Johnson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: Black

DATE OF BIRTH: Sept. 22, 1907

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Josie Johnson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~Instrument~~

(Address) Saint Lebia home

Filed 10/31 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1907 to Oct. 29 1907

that I last saw h[illegible] alive on Oct. 29 1907,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(8. mos.)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Oct. 30, 1907

Place of Burial Cathedral Cemetery

Date Oct 31 1907

Undertaker Adolph Pfeil

Address 102 E. Monument St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6038 Registered No. B C 6038

CERTIFICATE OF DEATH.

151 ✓

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Mack

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Black

DATE OF BIRTH Sept. 29, 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Annie Mack

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Elizabeths Home

(Address)

Filed 10/31" 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Oct. 28, 1907 that I last saw h alive on Oct. 28, 1907, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis, M.D.

Address 1519 N. Carolina St.

Date Oct. 29, 1907

Place of Burial Catholic Cemetery

Date October 31 1907

Undertaker Felix Bey

Address 402 E Madison st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6039

Ward 9 — Registered No. B C 6039

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1827 Aiken St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Wm H. Hoke

{ Residence, if in Baltimore, Give Street and Number. } 1827 Aiken St.

Duration of Residence in Baltimore. 40

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 6, 1861
AGE	46 years, 7 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Pa.
FULL NAME OF FATHER	David Hoke
BIRTHPLACE OF FATHER (State or country)	Pa.
MAIDEN NAME OF MOTHER	Caroline Whitmire
BIRTHPLACE OF MOTHER (State or country)	Pa.
OCCUPATION OF DECEASED	Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hoke

(Address) 1827 Aiken st

Filed 10/31 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Oct 30 1907 that I last saw h(im) alive on Oct 29 1907, and that death occurred, on the date stated above, at 3.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Cushane M.D.

Address 1303 Light st

Date Oct 30 1907 1907

Place of Burial Mt. Carmel Cemty

Date Nov 1, 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6/ C 6040 Registered No. B C 6040

CERTIFICATE OF DEATH.

(Place of Death.) No. 913 Ridgely st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hermina Gruenwiger

{Residence, if in Baltimore, Give Street and Number.} 913 Ridgely st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 1843

AGE: 64 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Gruenwiger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wille

(Address) 913 Ridgely st

Filed 10/31 1907

HARRY O. ANDREAS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to Oct. 29 1907 that I last saw h er alive on Oct. 28 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast.

(DURATION) one year

Contributory (Primary.) Phthisis Pulmonalis (DURATION) DAYS

(Signed) J. M Lamperin M.D.

Address 602 S. Pacaf st.

Date Oct. 30 1907

Place of Burial London Park Cemetery

Date Oct. 31st 1907

Undertaker James Dignan & Sons

Address 759 N. Hamburg st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C 6041 Registered No. B C 6041

694

CERTIFICATE OF DEATH.

(Place of Death.) No. 875 Bayard St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Scott

{Residence, if in Baltimore, Give Street and Number.} 875 Bayard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR C

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H Scott

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Mann

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Scott

Address 875 Bayard St

Filed 10/31 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Oct 29 1907

Place of Burial Mt Auburn Cemetery

Date Oct 31. 1907

Undertaker R. S. & J. Smith

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 6042 — Registered No. B C 6042

CERTIFICATE OF DEATH.

1914 ✓

(Place of Death.) No. 916 E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. M. Coffey

{Residence, if in Baltimore, Give Street and Number.} 916 E Pratt

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Patterna

(Address) 900 E. Pratt

Filed 10/31 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 Greene St

Date 190

Place of Burial Trinity Cem

Date Oct 31 1907

Undertaker Randell Lippelt & Co

Address 336 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 6043 Registered No. B C 6043 V

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 647 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of full Name not named Effard.

{Residence, if in Baltimore, Give Street and Number.} 647 W Lee

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 27 1907

AGE: ..... years, ... months, 2½ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George M. Effard

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Bertha C. Montour

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George M. Effard

(Address) 647 W. Lee St

Filed 10/31 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct 28 1907 to Oct 31 1907

that I last saw him alive on Oct 29 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

7 Months baby died from asthenia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) H. Rebmann M.D.

Address 1328 E Chase

Date Oct 30 — 1907

Place of Burial London Park

Date Oct 31 1907

Undertaker N. J. Dickney & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

C 6044

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1147

CERTIFICATE OF DEATH.

C 6044

THE ROBERT GARRETT HOSPITAL FOR CHILDREN,
No. 27 North Carey Street,
BALTIMORE, MD.

Registered No. B

City of Baltimore, (No. , St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian Waldner.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Dec (Month) (Day) 1907 (Year)

AGE: years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Waldner

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Nellie Donahue

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Waldner

(Address) 512 East St

Filed 10/31 1907. HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Oct 30 1907

that I last saw h[e] or alive on Oct 29 1907,

and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 30 DAYS

Contributory Edema of lungs

3 hrs (DURATION) DAYS

(Signed) John Ruhrah M. D.

Oct 30 1907 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 5 1/2 Saratoga How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov 1 1907
UNDERTAKER	ADDRESS
John J Cowan	90 N Gilmor

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6045

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

29 V

CERTIFICATE OF DEATH.

C 6045

Registered No. B.....

City of Baltimore, (No. 512 Ensor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Gehring

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 7 (Month) / (Day) 1829 (Year)

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Gehring

(Address) 512 Ensor St

Filed 10/31 1907 HARRY O. ANLIKER PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10th (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 22d 1907 to October 29th 1907 that I last saw him alive on Oct. 22d 1907, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Cancer of Tongue and Cervical glands

2 1/2 months (DURATION) DAYS

Contributory Malnutrition and Asthenia (DURATION) 6 mos DAYS

(Signed) J. M. Gambel M. D.

Oct. 30th 1907 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Oct 31 1907
UNDERTAKER	ADDRESS
Robt J. Turner	17 & 24 Pitts

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6046

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6046

City of Baltimore, (No. 1016 W. Barre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Snow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 8 (Day) 1837 (Year)

AGE: 69 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Wm. C. Snow

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Maria Harrison

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Auctioneer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ludlam

(Address) No. 1016 W. Barre St.

Filed 10/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 1905 to October 29 1907 that I last saw h alive on October 28 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Chronic Suffocation
Paralatilis

2 years (DURATION) DAYS

Contributory Asthenia,

(DURATION) 6 DAYS

(Signed) W B Trumann M. D.

Oct 29 1907 (Address) 668 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Com

DATE OF BURIAL: Oct. 31 1907

UNDERTAKER: Ph. J. Dill & Son

ADDRESS: 746 Columbia

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 6047 — Registered No. B C 6047

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 1708 North Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Maiberg

{Residence, if in Baltimore, Give Street and Number.} 1708 North Bond St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 1856

AGE 51 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Mechanical Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Charlotte Maiberg

(Address) 1708 N. Bond St.

Filed 10/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29. 1907

I HEREBY CERTIFY, That I attended deceased from October 28. 1907 to October 29. 1907

that I last saw him alive on . . 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy

(DURATION) 30 hours DAYS

Con'ributory (Primary.) ——

(DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date October 30. 1907 V

Place of Burial Baltimore Cemetery

Date October 31" 1907

Undertaker Henry W. Mears Jr

Address 7 West North Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 6048 *Registered No. B* C 6048

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 405 E. Preston *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James O Connor

{ Residence, if in Baltimore, Give Street and Number. } 405 E. Preston St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, ~~months~~, ~~days~~

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James O Connor

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Mullen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Nee

(Address) 405 E. Preston

Filed 10/31 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Dr Atkinson Chas St

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16. 1907 to Oct 28 1907

that I last saw him alive on Oct 28 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

Rheumatism (Inflam)

(DURATION) DAYS

Contributory (Primary) Ulcerative Endocarditis

about 8 weeks (DURATION) DAYS

(Signed) A. D. Atkinson M.D.

Address 921 N. Charles St

Date Oct 30th 1907

Place of Burial Cathedral

Date November 2, 1907

Undertaker H. C. Middeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

C 6049

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6049

City of Baltimore, (No. 111 S. Chapel St., 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adah F. Edwards

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 2 months (Month) 1 (Day) Year)

AGE: two months years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George Edwards Roberts

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Francis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Roberts

(Address) 111 S. Chapel St

Filed 10/3/1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Dec 30 1907

that I last saw h[e] alive on Dec 30 1907,

and that death occurred, on the date stated above, at ....M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) M. Newman M.D.

1907 (Address) 1838 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion	Oct 31st 1907
UNDERTAKER	**ADDRESS**
Wm J. G. Jackson	1421 Mulb[erry]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 6050 Registered No. B C 6050

CERTIFICATE OF DEATH.

(Place of Death.) No. 1500 Jefferson. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William G. Sadler.

{ Residence, if in Baltimore, Give Street and Number. } 1500 Jefferson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 28 1907

AGE: ..... years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Ambrose Sadler

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Sarah E. McCannels

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ambrose A Sadler

(Address) 1500 Jefferson St.

Filed 10/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1907 to Oct 30 1907 that I last saw h— alive on Oct 30 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis.

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia,

(Bronchial) (DURATION) 12 DAYS

(Signed) M. L. Gill M.D.

Address 1202 E. Monument St.

Date 10/30 1907

Place of Burial Balto Cem

Date ~~Oct.~~ Nov 1/07 190

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6051 — Registered No. B C 6051

CERTIFICATE OF DEATH.

(Place of Death.) No. 1020 Chesapeake St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Schiffeen

{ Residence, if in Baltimore, Give Street and Number. } 1020 Chesapeake St

Duration of Residence in Baltimore. — —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 17th 1836

AGE: 71 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Reynolds

(Address) 1020 Chesapeake St.

Filed 10/31" 1907 — HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1907

I HEREBY CERTIFY, That I attended deceased from about June 1906 to Oct 30 1907

that I last saw her alive on Oct 29 1907,

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

Exhaustion

about 3 weeks (DURATION) DAYS

Contributory (Primary) Mitral

Insufficiency (DURATION) 12 Years

(Signed) [illegible] M.D.

Address Caton & Dillon Sts

Date Oct 30 1907

Place of Burial Baltimore Cemetery

Date 190

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Eager Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6052

25

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6052

City of Baltimore. (No. 1041, E Howard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Zachariah Gross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Benj Gross-

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Had- Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gross-

(Address) 1041 E. Howard St-

Filed 10/31 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28 1907 to ..... 190.....

that I last saw him alive on Oct 28 1907,

and that death occurred, on the date stated above, at 5:30

M. The CAUSE OF DEATH was as follows:

Asthenia - due 2 believe to frequent attacks of Bronchial asthma possibly Tubercular. (DURATION) 1 DAYS

Contributory 2 only saw him the one time (DURATION) ..... DAYS

(Signed) L A Keene M. D.

Oct 30 1907 (Address) 522 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Nov 1st 1907

UNDERTAKER: G. L. Brown and Son

ADDRESS: 108 W. Monto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6053 Registered No. B C 6053

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 1530 Bolton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Francis Moore

{Residence, if in Baltimore, Give Street and Number.} 1530 Bolton St

Duration of Residence in Baltimore. All his life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 28th October 1838

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thomas Moore

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Cornelia Harris

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Keating Stuart.

(Address)

Filed 10/31 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31. 1907. 190

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Oct 30 1907 that I last saw h in alive on Oct 30 1907, and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Oedema

(DURATION) 4 DAYS

Contributory (Primary.) Bronchial Asthma & Nephritis

(DURATION) DAYS

(Signed) Thomas R Brown M.D.

Address 17 W Biddle St.

Date Oct 31. 1907 190

Place of Burial Maysville Kentucky

Date Oct 31st 1907 190

Undertaker Kirkpatrick Sons Co

Address 116 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 6054 Registered No. B C 6054

CERTIFICATE OF DEATH. 5 V

(Place of Death.) No. 1016 Forest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Herbert

{Residence, if in Baltimore, Give Street and Number.} 1016 Forest Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 1837

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Daniel Egan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dorothea Brown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Casey

(Address) 140 N. Baxter St.

Filed 10/31 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 24th 1907 to Oct 29th. 1907

that I last saw her alive on Oct 29th. 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetic Coma.

(DURATION) 5 DAYS

Con'ributory (Primary.)

Diabetes Mellitus (DURATION) 3 yrs DAYS

(Signed) Robert J. Green. M.D.

Address 127 Augusta St.

Date Oct. 30th. 1907

Place of Burial Int. Laurel Hill Cem. Richmond Va.

Date Nov. 1st 1907.

Undertaker John J. Logan

Address Front & Lombard Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 6055

Registered No. B C 6055

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. The Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 726 S. Broadway

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/31 1907

HARRY O. ANDREWS. Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 27 1907

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Oct 27 1907

that I last saw h alive on Oct 27 1907

and that death occurred, on the date stated above, at 145 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Stenosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date October 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 31 1907 190

Undertaker Consolidated Undertaking Co.

Address Health Department

FOR ANATOMICAL PURPOSES.

243

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 6056 Registered No. B C 6056

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 W. Barre St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name David Beard

{Residence, if in Baltimore, Give Street and Number.} 135 W. Barre st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 6 1843

AGE: 64 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Watchman

*THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Beard

(Address) 135 N Barre St

Filed 10/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 29 190

I HEREBY CERTIFY, That I attended deceased from Sept 20 190 to Oct 29 190

that I last saw him alive on Oct 28 190,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hathaway

Date Oct 30 190

Place of Burial Baltimore Cemetery

Date Nov 1 190 7

Undertaker F A Krause Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward VII

C 6057

Registered No. B C 6057

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha E. Smith

{Residence, if in Baltimore, Give Street and Number.} 246 Pine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt.

(Address)

10/1 1907

BAY VIEW ASYLUM.
HARRY O. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30. 1907

I HEREBY CERTIFY, That I attended deceased from May 29. 1907 to Oct. 30. 1907 that I last saw her alive on Oct. 29. 1907 and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) Unknown. DAYS

Con'ributory (Primary.) Arterio Sclerosis

& Oedema of Brain (DURATION) Unknown DAYS

(Signed) M. O'Mundy M.D.

Address Bay View Asylum

Date October 30. 1907

Place of Burial Int Auburn Cem

Date Nov 1 1907

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. B 6058

6058

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 Canal alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Geneva Jackson

{Residence, if in Baltimore, Give Street and Number.} 212 Canal alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Feb 19 1907

AGE 1 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER George Jackson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Lulu Goldey

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Jackson

(Address) 212 Canal alley

Filed 10/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30th " 1907

I HEREBY CERTIFY, That I attended deceased from Oct 12th 1907 to Oct 30th 1907

that I last saw h-er alive on Oct 30th 1907,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough

Since Oct 13th (DURATION) 1907 DAYS

Contributory (Primary.) Tuberculosis

about 7 months (DURATION) DAYS

(Signed) Annie W Marchant M.D.

Address 1411 Mt Royal Ave

Date Oct 31st " 1907

Place of Burial St Peters Cem

Date Nov 1st 07 190

Undertaker J A Brewer & Co

Address 114 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6059 — Registered No. B [redacted]

CERTIFICATE OF DEATH.

(Place of Death.) No. 318. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Cary Roach

{Residence, if in Baltimore, Give Street and Number.} 30 S. Calhoun St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 14th 1846

AGE: 60 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: James Roach

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Dorst Kilvo

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jas Roach

(Address) 30 S. Calhoun St

Filed 10/1/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17th 1907 to Oct 30th 1907 that I last saw him alive on Oct 30th 1907 and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 1 DAYS

Con'ributory (Primary.) Parenchymatous Nephritis (DURATION) 42 DAYS

(Signed) [redacted] M.D.

Address 110 S. Fremont Ave

Date Oct 31st 1907

Place of Burial Loudon Park Cem

Date November 1st 1907

Undertaker Robt Brooks & Son

Address 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6060 — Registered No. B C 6060

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 E. Lanvale st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenz Schultheis

{ Residence, if in Baltimore, Give Street and Number. } 1225 E Lanvale st.

Duration of Residence in Baltimore. 55 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: March 19th 1831

AGE: 76 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Felsberg, Germany

FULL NAME OF FATHER: Lorenz Schultheis

BIRTHPLACE OF FATHER (State or country): Felsberg Germany

MAIDEN NAME OF MOTHER: don't Know

BIRTHPLACE OF MOTHER (State or country): Felsberg Germany

OCCUPATION OF DECEASED: Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schultheis

(Address) 1225 E. Lanvale st.

Filed 11/1 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Oct 31 1907 that I last saw h[illegible] alive on Oct 30 1907 and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) (?) DAYS

(Signed) John H. Sanderson M.D.

Address 1505 E. Lafayette Ave.

Date Oct 31 1907

Place of Burial London Park Cemetery

Date November 2nd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5-12 C 6061 Registered No. B C 6061 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 N. Central ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Martha E. Belt

{Residence, if in Baltimore, Give Street and Number.} 411 N. Central ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 9th 1906

AGE 1 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Belt

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Celia Burns

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Belt Father

(Address) 411 N Central ave

Filed 11/1 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Oct 31 1907 that I last saw her alive on Oct 30 1907, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Dentition + Constipation
Causing Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Dentition

(DURATION) 2 DAYS

(Signed) E Heard M.D.

Address 209 St Paul St

Date Oct 31 1907

Place of Burial St Patricks Cemetery

Date November 2nd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6062

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6062

Registered No. B .....

City of Baltimore, (No. 2025 Christian St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Anshuies

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Oct (Month) 27 (Day) 1906 (Year)

AGE: 1 years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Anshuies

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther Kolnick

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Anshuies

(Address) 2025 Christian St

Filed 11/1 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Oct 31 1907

that I last saw him alive on Oct 31 1907,

and that death occurred, on the date stated above, at 11.50 P. M. The CAUSE OF DEATH was as follows:

Marasmus following
Gastro Enteritis 1

(DURATION) 90 DAYS

Contributory General Asthenia

1 Month (DURATION) ..... DAYS

(Signed) Louis E. Gichner M. D.

Nov. 1st 1907 (Address) 1576 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Washington Road Cemetery

DATE OF BURIAL: Nov. 1st 1907

UNDERTAKER: G. F. Mc Cormack

ADDRESS: 1729 W Lombard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 6063 — Registered No. B C 6063

CERTIFICATE OF DEATH.

(Place of Death.) No. 677 Vine St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Walker.

{Residence, if in Baltimore, Give Street and Number.} 677 Vine St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Oct 8 1858

AGE 49 years, — months, 22 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Richard Walker.

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary Jane Parker

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Emma Walker

(Address) 677 Vine St

Filed 11/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Oct 30 1907 that I last saw him alive on Oct 30 1907 and that death occurred, on the date stated above, at 11.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pleurisy followed by a stroke of Apoplexy.

about 2 mos. (DURATION) DAYS

Con'ributory (Primary.) Asthenia about 7 (DURATION) DAYS

(Signed) E. A. Munoz M.D.

Address 1801 Guilford Ave

Date Oct 30 1907

Place of Burial Laurel Cem

Date Nov 1 1907

Undertaker Jno. H. Toadvine

Address 1142 Westfield

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C 6064 — Registered No. B C 6064

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1112 Warner St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William Jews 6

{Residence, if in Baltimore, Give Street and Number.} 1112 Warner St

Duration of Residence in Baltimore. 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: December 24 1845

AGE: 61 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER: Hooper Jews 6

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Jews 6 Sister

(Address) 1112 Warner St

Filed 11/1 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190..., 7.30

and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the heart

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Chas. McKeinhardt M.D.
Coroner

Address ...

Date October 30 1907

Place of Burial Mt. Auburn Cem.

Date November 2 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 6065

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6065

City of Baltimore, (No. 1018 W. Barre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Pillsworth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Wm Pillsworth

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Pepper

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 11/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from September 26 1907 to Oct. 30 1907 that I last saw him alive on Oct 30 1907, and that death occurred, on the date stated above, at 1 4 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

One year (DURATION) DAYS

Contributory Asthenia

(DURATION) 3 DAYS

(Signed) W B Brennan M. D.

Oct 31 1907 (Address) 668 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov 2 1907
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. B C 6066

C 6066

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys L Conrad

{Residence, if in Baltimore, Give Street and Number.} 1012 W Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 14 1907

AGE — years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas. P. Conrad

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Gertrude M. Berry

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas P Conrad

(Address) 1012 W Lombard

Filed 11/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Oct 31 1907, that I last saw h alive on Oct 30 1907, and that death occurred, on the date stated above, at ?

a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Complications (DURATION) 3 DAYS

(Signed) Edw Schumacher M.D.

Address 912 Lexington

Date Oct 31 1907

Place of Burial London Park Cem

Date Nov 1 1907

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 6067 Registered No. B C 6067 1/2 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Boarn

{Residence, if in Baltimore, Give Street and Number.} 1625 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR White

DATE OF BIRTH Oct 31 1907

AGE ..... years, ... months, 2 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Henry Abranski

BIRTHPLACE OF FATHER (State or country) Pole

MAIDEN NAME OF MOTHER Teckla Boarn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teckla Boarn

(Address) 1621 Eastern ave

Filed 11/1st 1907 HARRY O. ANDRE Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inal Intution

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sadler Coroner M.D.

Address 320 h Greene St

Date 190

Place of Burial Holy Rosary

Date Nov 1 1907

Undertaker Joseph Stonowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

C 6068

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. BC 6068

City of Baltimore, (No. 2732 Penna ave St.,—Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Christie Reid

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 5 (Day) 1890 (Year)

AGE: 17 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph P. Reid

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Craine

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Foreman in candy establishment

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Reid

(Address) 2732 Penna ave

Filed 11/1 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1907 to Oct 30 1907

that I last saw him alive on Oct 29 1907,

and that death occurred, on the date stated above, at 8:15 a. m. The CAUSE OF DEATH was as follows:

Endocarditis and Chronic Bright disease

(DURATION) 2 yrs DAYS

Contributory Rheumatism

(DURATION) 2 yrs DAYS

(Signed) [illegible] M. D.

(Address) 1620 Fulton 1907

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 11-2 1907

UNDERTAKER: Wm. H. Gauntt

ADDRESS: North & Lindenwood

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 6069 — Registered No. B C 6069

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 William st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary D Dixon

{Residence, if in Baltimore, Give Street and Number.} 1011 William St

Duration of Residence in Baltimore. 20 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 26th 1886
AGE	21 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Calvert Co. Md
FULL NAME OF FATHER	James Wr. Dixon
BIRTHPLACE OF FATHER (State or country)	Calvert Co
MAIDEN NAME OF MOTHER	Annie E. Hardesty
BIRTHPLACE OF MOTHER (State or country)	Annarundle Co
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth E. Keene

(Address) 1011 William st

Filed 11/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to ____ 190__

that I last saw her alive on Oct 30 1907

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonary.

I do not know the history of the case. Was called about 15 minutes before death

(DURATION) ____ DAYS

Contributory (Primary.)

(DURATION) ____ DAYS

(Signed) Lee R Grahame M.D.

Address 725 Columbia ave

Date November 1 1907

Place of Burial Cedar Hill Cem

Date Nov 3rd 1907

Undertaker E Schloman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 60:0

Ward 17 C 6070 Registered No. B 103

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Preston Park

{ Residence, if in Baltimore, Give Street and Number. } Knoxville Tenn.

Duration of Residence in Baltimore. 3

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 0 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Tenn

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Physicians

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. R. McClary

(Address) J. H. Hospital

Filed 11/2 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 31 1907

that I last saw h[illegible] alive on Oct 31 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Gastric ulcer + obstruction of pylorus.

(DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date Oct 31 1907

Place of Burial Knoxville Tenn

Date Nov 1 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 4 — C 6071 — Registered No. B C 6071

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Parker

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR Col

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER David Parker

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rosella Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Parker

(Address) 1338 Whatcoat St

10/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Nov 1 1907

that I last saw h alive on Nov 1 1907

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary) Intestinal Hemorrhage (DURATION) DAYS

(Signed) Walter D Shaw M.D.

Address City Hospital

Date Nov 1st 1907

Place of Burial Lochearn Cemetery Md

Date Nov 3 1907

Undertaker Alex Hensley

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 6072 Registered No. B C 6072

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 & 216 N. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Lowry

{Residence, if in Baltimore, Give Street and Number.} 216 N. Lee St.

Duration of Residence in Baltimore. During life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester

(Address) 214 W Lee St.

11/2 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31st 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 31st 1906 to Oct. 28th 1907 that I last saw h[er] alive on Oct. 28th 1907, and that death occurred, on the date stated above, at 3.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes

One year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. M. Hall M.D.

Address 1014 Druid Hill Ave

Date Nov. 1st 1907

Place of Burial Mt. Auburn

Date Nov 2 1907

Undertaker Jno. H. Toadvine

Address 142 W Lee St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6073 Registered No. B — C 6073 13/L

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Linton A Conners (Conners)

{Residence, if in Baltimore, Give Street and Number.} Balto City Hospital

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Sept. 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Mar.

BIRTHPLACE (State or country): W Va.

FULL NAME OF FATHER: Peter Custer

BIRTHPLACE OF FATHER (State or country): W. Va.

MAIDEN NAME OF MOTHER: Elizabeth Fletcher

BIRTHPLACE OF MOTHER (State or country): W Va.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. N. Conners

(Address) Berkeley W Va.

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Nov 1 1907

that I last saw h[illegible] alive on Nov 1 1907

and that death occurred, on the date stated above, at 4:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ovarian Tumor

(DURATION) — DAYS

Contributory (Primary.) Sepsis

Exhaustion (DURATION) DAYS

(Signed) W H Eakin M.D.

Address Balto City Hospital

Date Nov 6 — 1907

Place of Burial Martinsburg W. Va

Date 11 — 3 1907

Undertaker Robt Brookerson

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6074

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. BC 6074

City of Baltimore, (No. 919 Greenwillow Court St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis C. Brown,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 919 - Greenwillow

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1907 to Oct 29th 1907 that I last saw h— alive on Oct 29th 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage with resultant paralysis.

(DURATION) 2 DAYS

Contributory Arterial changes due to age (DURATION) — DAYS

(Signed) Chas. J. Keller M. D.

Oct 30th 1907 (Address) 522 W Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: R A Elliott — DATE OF BURIAL: Nov 1 1907

UNDERTAKER: A M Auburn — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 6075 Registered No. B C 6075

CERTIFICATE OF DEATH.

(Place of Death.) No. 1945 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Hemmighausen

{Residence, if in Baltimore, Give Street and Number.} 1945 Harlem Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 5th 1887

AGE 20 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frederick L.C. Hemmighausen

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elizabeth Haupt

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Telephone Operater

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob. Haupt.

(Address) 1945 Harlem Ave.

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to Oct 31 1907 that I last saw her alive on Oct 31 1907, and that death occurred, on the date stated above, at 12 noon. I. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS.

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 5 months DAYS

(Signed) John A Evans M.D.

Address 10 N. Carey St

Date 10-31-1907 190

Place of Burial Loudon Park

Date Nov 3rd 1907 190

Undertaker W.W. Jenkins & Son Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

Pt Evans Carey & Fayette

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B C 6076

C 6076

CERTIFICATE OF DEATH.

118

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Addison R. Foard

{Residence, if in Baltimore, Give Street and Number.} Stevenson Balto Co

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 18th 1882

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jos R. Foard

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Jennie T Blackiston

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos R. Foard.

(Address) Ruxton Md

Filed 11/2 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31, 1907

I HEREBY CERTIFY, That I attended deceased from October 17 1907 to October 31 1907 that I last saw him alive on October 31 1907, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Acute appendicitis (DURATION) 14 DAYS

(Signed) Frank S. Lynn M.D.

Address University Hospital

Date November 1 1907

Place of Burial Greenmount Cem

Date Nov 2nd 1907

Undertaker Hy W Jenkins & Sons Co

Address 320 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 41 C 6077 Registered No. B C 6077

CERTIFICATE OF DEATH.

(Place of Death.) No. Dock - foot of Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Haywood Smokey

{Residence, if in Baltimore, Give Street and Number.} Rockhall Md

Duration of Residence in Baltimore. Non resident

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Deck-hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 to Oct 22 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N Caroline st

Date Oct. 1st 1907

Place of Burial Rockhall Md

Date Nov 2 1907

Undertaker D. Mitton Beamer

Address 646 W. Franklin St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 6078 — Registered No. B C 6078 — 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 2828 N. North Ave — St. — (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Flora Elenor Baker

{Residence, if in Baltimore, Give Street and Number.} 2828 N. North Ave

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: April 17th 1

AGE: 35 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Henry Innes

BIRTHPLACE OF FATHER (State or country): Prussia

~~MAIDEN~~ NAME OF MOTHER: Hester Innes

BIRTHPLACE OF MOTHER (State or country): Prussia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank E. Baker

(Address) 2828 N. North Ave

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31st 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to Oct 31 1907

that I last saw her alive on Oct 31 1907

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate

General Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Carcinoma of Breast (DURATION) 16 months

(Signed) Alvin B Lemmon M.D.

Address 74 N. Patterson Park Ave

Date November 1st 1907

Place of Burial Lorraine Cem

Date November 2nd 1907

Undertaker H. Allen Fuller

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6079

64

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6079

City of Baltimore, (No. 516, N. Fremont Ave.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thomas Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 14 1834 (Month) (Day) (Year)

AGE: 73 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Hopkins

BIRTHPLACE OF FATHER (State or country): St Marys County Md.

MAIDEN NAME OF MOTHER: Jemima Solley

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine H Hopkins

(Address) 516 N. Fremont

Filed 11/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1907 to Oct 30th 1907 that I last saw him alive on Oct 30th 1907, and that death occurred, on the date stated above, at 2 a. M. The CAUSE OF DEATH was as follows:

Cerebral Haemmahage

(DURATION) DAYS

Contributory old age.

(DURATION) DAYS

(Signed) John Haupt M. D.

Oct 31st 1907 (Address) 15 E. Monroe St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETARY.

DATE OF BURIAL: NOV 3 - 1907

UNDERTAKER: Armstrong Denny Co.,

ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 6080 Registered No. B C 6080

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 W North Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name August Schiff

{Residence, if in Baltimore, Give Street and Number.} 700 W North Ave

Duration of Residence in Baltimore. 32 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Isaac Schiff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Jetta Lowenstein

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. Schiff

(Address) 700 W North Ave

Filed 11/2 1907 HARRY O. ANDREWS? PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to October 31 1907

that I last saw h[illegible] alive on October 30 1907

and that death occurred, on the date stated above, at 7A M. CAUSE OF DEATH (Secondary or Immediate)

Aneurism of the aorta

Arteriosclerosis

Chr. interstitial nephritis

DURATION 3 years ~~DAYS~~

Contributory (Primary.)

Uraemia (DURATION) 2 DAYS

(Signed) Julius Friedman M.D.

Address 1013 N Charles St

Date Nov 1 1907

Place of Burial Balto Hebrew Cem

Date Nov 3rd 1907

Undertaker Hand Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 6081 — Registered No. B C 6081

40

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Seibert

{ Residence, if in Baltimore, Give Street and Number. } 1959 W Lexington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 19 1853

AGE: 54 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Seibert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizbeth Bloom

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise Seblag

(Address) 1959 W Lexington St

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1907

I HEREBY CERTIFY, That I attended deceased from August 16 1907 to Oct 30 1907 that I last saw h. alive on Oct 30 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Esophagus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Oct 30 1907

Place of Burial Loudon Park

Date Nov 2. — 1907

Undertaker Mrs Geo P. Paulsel

Address 210 Frederick Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6082

1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 6082

City of Baltimore, (No. 1517, E Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie Levy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 8 (Day) 1840 (Year)

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Louis Levy

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Reinna Schaffhemer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Levy

(Address) 1517 E Monument St

Filed 11/2 190 7

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1907 to Oct. 31 1907

that I last saw her alive on Oct 31 1907,

and that death occurred, on the date stated above, at 3.15 A.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis & Senility

DURATION 257 DAYS

Contributory Coma & Exhaustion

DURATION 2 DAYS

(Signed) G. A. Thiede M. D.

Nov. 1 1907 (Address) 708 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: Nov 3 1907

UNDERTAKER: Hand & Sondheim

ADDRESS: 923 Lexington

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — Registered No. B C 6083

C 6083

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 810 W. Hamburg st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frederick W. Werstein

{Residence, if in Baltimore, Give Street and Number.} 810 W. Hamburg st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 2 1852
AGE	55 years, 4 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Frederick W. Werstein
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Louisa Smith
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Werstein

(Address) 810 W. Hamburg st

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Oct 30 1907 that I last saw h alive on Oct 30 1907, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 90 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 10 DAYS

(Signed) Edw Gruppe M.D.

Address 511 Lenox

Date Oct 30 1907

Place of Burial Loudon Park Cemetery

Date Nov. 2 1907.

Undertaker James Dignan's Sons

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

Registered No. B C 6084 66

C 6084

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Shroeder St. (Schutt court No. 1) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H. Fisher

{Residence, if in Baltimore, Give Street and Number.} 1112 Shroeder St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX. Male

COLOR Colored

DATE OF BIRTH 1

AGE 60 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER ~~Father~~ Adam Fisher

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eda Fisher

(Address) 1112 Shroeder St

Filed 11/2 1907

HARRY O. INDKOWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Oct 31 1907 that I last saw h[illegible] alive on Oct 31 1907, and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAY

(Signed) C. H. Foran M.D.

Address 712 S. Stricker

Date [illegible] 1 1907

Place of Burial Mt Auburn Cem

Date Nov 3 1907

Undertaker C. L. Brown and Son

Address 857 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23

HEALTH DEPARTMENT, City of Baltimore.

C 6085 Registered No. B C 6085

CERTIFICATE OF DEATH.

128

(Place of Death.) No. 2333 S. Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel E. Squires

{Residence, if in Baltimore, Give Street and Number.} 2333 S. Hanover St.,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 2 1875

AGE 32 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alfred Squires

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Nichols

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucie Squires

(Address) 1705 Pulaski St.

Filed 11/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Oct 31 1907 that I last saw him alive on Oct 31 1907, and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma (DURATION) 24 hrs

Contributory (Primary.) Chronic Nephritis (DURATION) Indefinite DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Hanover St.

Date Nov 3 1907

Place of Burial Loudon Park.

Date Nov 4 1907

Undertaker Jos. Sturtevant

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. B. C 6086

C 6086

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 257 E. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Floyd

{ Residence, if in Baltimore, Give Street and Number. } 257 E. Hamburg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know 1

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Lemmunt Floyd

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Owens

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Floyd Son

(Address) 46 E Hamburg St

Filed 11/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 4.10 M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) 8 Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto W. Leinhardt M.D.

Coroner

Address

Date November 1 1907

Place of Burial Cedar Hill Cem

Date Nov 3 1907

Undertaker Jos Stumpfeldt

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married, single, widowed or divorced), ***birthplace, occupation, cause and date of death.***

Baltimore.

C 6087 Registered No. B C 6087

CERTIFICATE OF DEATH.

(Place of Death.) No. 2345 Eastern Ave. St. (If Death occurr Hospital or Institu give its Name i of Street and N

C-6087 Full Name Catherine Kehoe

{Residence, if in Baltimore, Give Street and Number.} 2345 Eastern Ave. C-608

Duration of Residence in Baltimore. about 58 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 22nd 1846
AGE	61 years, 8 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Patrick Cleary
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Johanna Welch
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kehoe

(Address) 2345 Eastern Ave

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 190

I HEREBY CERTIFY, That I attended deceased Sept. 15 1907 to Oct 190

that I last saw her alive on Oct. 30 190

and that death occurred, on the date stated above, at 1

I. CAUSE OF DEATH (Secondary or Immedia

Carcinoma of liver (DURATION) DA

Contributory (Primary)

Asthenia (DURATION) 4 w

(Signed) M. J. McAvoy M.D.

Address 835 S. Caton

Date Nov. 1 190

Place of Burial Holy Cross Cemetery

Date Nov. 4 190

Undertaker Germanus Fromm

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 6088

Ward 1 C 6088 *Registered No.* **B** 1204

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1102 Chesapeake St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Appolonia Cantow

{Residence, if in Baltimore, Give Street and Number.} 1102 Chesapeake St.

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: May 22nd 1834	
AGE: 73 years, 5 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Franz Xs Kuhn	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: dont know	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Zebelein

(Address) 1102 Chesapeake St.

Filed 11/2 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 31st 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1906 to Oct. 31 1907

that I last saw her alive on Oct. 28 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 12 mo. DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Ave.

Date Nov. 1 1907

Place of Burial Sacred Heart Cemetery

Date Nov. 4th 1907

Undertaker Germanus Franck

Address Bonig & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C 6089 C 6089

Ward 41 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Seegers

{ Residence, if in Baltimore, Give Street and Number. } 24a Grant Ave Jersey City New Jersey

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH November 2nd 1860

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Seegers

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johannah Kempen

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Seegers

(Address) 24a Grant ave Jersey City New Jersey

Filed 11/2 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 - 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Nov 2 1907 that I last saw h[illegible] alive on Nov 2 1907 and that death occurred, on the date stated above, at 12 45 A M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

(DURATION) — DAYS

Con'ributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) H W Suter M.D.

Address Balt City Hospital

Date Nov 2 1907

Place of Burial Jersey City N.J.

Date Nov 4th 1907

Undertaker Stuart & Mcowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6030 — Registered No. B C 6030 — 112

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Madison Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max Karstl

{Residence, if in Baltimore, Give Street and Number.} 803 Madison av.

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	Feb 9. 186
AGE	47 years, 8 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	unknown.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Musician.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mamie Karstl.

(Address) 803 Madison Ave

Filed 11/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 1907

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to Oct 31st 1907

that I last saw him alive on Oct 31st 1907,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

Cardiac Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Cirrhosis of Liver

Nephritis Myocarditis (DURATION) 8 Years DAYS

(Signed) Joseph E Grimm M.D.

Address 1516 Madison Av.

Date Nov 1st 1907

Place of Burial Loudon Park Cem.

Date Nov 3 1907

Undertaker Mrs Andrew Rohde Sons

Address 730 Penna Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

C 6091

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6091

City of Baltimore, (No. 222, Mt Olivet Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph F Nally

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: July (Month) 20 (Day) 1907 (Year)

AGE: 0 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: William H Nally

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Josephine Chapman

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: Nb

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah C Nally

(Address) 222 Mt Olivet Lane

Filed 11/2 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1907 to Nov. 1 1907

that I last saw h-- alive on Nov 1 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

General Asthenia (DURATION) 10 DAYS

Contributory

Insanitarium (DURATION) Life DAYS

(Signed) W. W. Jones M. D.

Nov 2 1907 (Address) Insanitarium

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Nov 3 1907
UNDERTAKER	ADDRESS
Jno. B. Cook	1013 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 6092 — Registered No. B C 6092

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1116 E. Fort ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy J. Reed

{Residence, if in Baltimore, Give Street and Number.} 1116 E. Fort av.

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR white

DATE OF BIRTH August 1841.

AGE 66 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —— Sylvaki

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lucy Cox

(Address) 1116 E. Fort ave.

Filed 11/2 1907 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1907 to Oct 31st 1907 that I last saw h[er] alive on Oct 31st 1907, and that death occurred, on the date stated above, at 5.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure — exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Pneumonia

(DURATION) 10 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto St

Date November 1st 1907.

Place of Burial Cedar Hill Cem.

Date Nov. 2 1907

Undertaker R. J. Doll & Son

Address 746 Columbian ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6093

Ward 2

C 6093

Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1936 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Veronica Lang

{Residence, if in Baltimore, Give Street and Number.} 1936 E Lombard

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 1st 1907

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: George Lang

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Horstschneider

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Lang

(Address) 1936 E. Lombard

Filed 11/2" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1- 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1907 to Nov 1- 1907

that I last saw h alive on Oct 29 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

(DURATION) Five DAYS

Contributory (Primary.) Exhaustion

(DURATION) Five DAYS

(Signed) E. L. Blades M.D.

Address 1438 N Gay

Date 11/2/07 1907

Place of Burial St. Alphonsus

Date 11/2/07 1907

Undertaker J Henry Lee

Address 2008 Aliceanna

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12X

C 6094

Registered No. B C 6094

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name B. R. Phillips

{Residence, if in Baltimore, Give Street and Number.} U. S. Marine Hospital

Duration of Residence in Baltimore. 1 mo 2 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) P. T. U. S. Marine Hospital

Filed 11/2 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1907 to Nov. 1 1907

that I last saw him alive on Nov. 1 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Con'ributory (Primary) Tubercle of Lungs

(DURATION) DAYS

(Signed) L. L. Williams M.D.

P.T. U. S. Marine Hospital

Address

Date November 2 1907

Place of Burial Mitchell's Cemetery

Date November 2 1907

Undertaker Harry E. Hughes

Address 14 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6095

C 6095

Ward..... *Registered No. B*.....

27

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Walpin

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 33. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday,

(Address) BAY VIEW ASYLUM. S

Filed 11/2" 1907

HARRY O. ANDREWS.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Oct 30 1907

that I last saw h-er alive on Oct. 30 1907

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis – (DURATION) – DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 31 1907

Place of Burial Sacred Heart Cemetery

Date Nov. 3" 1907

Undertaker Evans & Spence

Address 116 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6096 — Registered No. B C 6096

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Gresson

{Residence, if in Baltimore, Give Street and Number.} 213 N. Parrish Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Stafford Co. Va

FULL NAME OF FATHER Henry Lewis

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John H. Gresson

(Address) 213 Parrish Al.

Filed 11/2" 1907

HARRY C. ANDRE..
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16 1907 to Nov 1 1907 that I last saw h.. alive on Nov 1 1907, and that death occurred, on the date stated above, at ....

CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 25 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F W Hachtel M.D.

Address Franklin Square Hospital

Date November 1 1907

Place of Burial Mt. Auburn Cemetery

Date Nov. 3 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6097 *Registered No. B* C 6097

CERTIFICATE OF DEATH.

18

(Place of Death.) *No.* Md Genl Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Calvert Smith

{Residence, if in Baltimore, Give Street and Number.} 565 Moore St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Anne Arundel Co. Md

FULL NAME OF FATHER: Virgle Smith.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Caroline Randall

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co. Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): Mr. Charles Brown

(Address) 565 Moore St.

Filed 11/2 1907

HARRY O. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1907

I HEREBY CERTIFY, That I attended deceased from 10/18 1907 to 10/31 1907

that I last saw h im alive on 10/31 1907,

and that death occurred, on the date stated above, at 7 40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

(DURATION) 30 DAYS

Con'ributory (Primary.) Pleurisy

(DURATION) 30 DAYS

(Signed) Lee M. Lowe M.D.

Address 2nd Sud Exp.

Date Nov 1 — 1907

Place of Burial Mt. Auburn Cemetery

Date Nov. 3 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6095 — Registered No. B C 6098

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 Smiths Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Robinson

{Residence, if in Baltimore, Give Street and Number.} 705 Smiths Court.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Eliza Robinson.

(Address) 705. Smiths Court

Filed 11/2" 1907

MARY O. ANDREW. Registrar
PUBLIC CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 25 1907

that I last saw her alive on Oct 25 1907

and that death occurred, on the date stated above, at 11.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (DURATION) 3 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 5 mos.

(Signed) Mary F. Perkins M.D.

Address 1028 Valley St

Date Nov 2. 07 1907

Place of Burial Mt. Auburn Cemetery

Date Nov. 3. 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECT 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be [illegible] attended during his or her last sickness, or the Coroner, when the case comes under his [illegible] undertaker, or other person superintending the burial, a certificate

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 6099 *Registered No. B* C 6099

66

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1117 *Maryland Ave* *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Doane

{Residence, if in Baltimore, Give Street and Number.} 1117 Maryland Ave.

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Wellen Doane

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Henry Machall

BIRTHPLACE OF MOTHER (State or country) Talbot Co. Md

OCCUPATION OF DECEASED Gardner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. William Doane.

(Address) 1117 Maryland Ave.

Filed 11/2" 1907

HARRY O. ANDR[illegible], Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Nov 1 1907

that I last saw h[illegible] alive on Oct 31 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Paralysis

(DURATION) 6 DAYS

(Signed) Jno Martin M.D.

Address 852 W. North Ave

Date Nov 1. 1907

Place of Burial Bloomfield Station Talbot Co. Md

Date Nov. 4 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. B C 6100 1674

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Meyer Shomer

{Residence, if in Baltimore, Give Street and Number.} 1013 E Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1903

AGE: 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Davis Shomer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Cannell

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Davis Shomer

(Address) 1013 E Fayette St

Filed Nov 3rd 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 2 1907

that I last saw him alive on Nov 2 1907

and that death occurred, on the date stated above, at 10 45 M. CAUSE OF DEATH (Secondary or Immediate)

Shock following Burns

Accidental (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Chas Luetkemeyer M.D.

Address 1818 N. Charles

Date Nov 2 1907

Place of Burial Woodlawn Cemetery

Date Nov 3, 1907

Undertaker J. Mark Lennon

Address 1620 nr Eldersley st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. B C 6101 C 6101

CERTIFICATE OF DEATH. 19 4

(Place of Death.) No. 22 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Greenhood

{Residence, if in Baltimore, Give Street and Number.} 22 Pearl St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Nov 12 1847	
AGE: 60 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Austria Hungary	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Austria Hungary	
MAIDEN NAME OF MOTHER: Teresa Greenhut	
BIRTHPLACE OF MOTHER (State or country): Austria	
OCCUPATION OF DECEASED: Tailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isidor Greenhood

(Address) 26 S. Exeter St

Filed 11/3 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1905 to Nov 1 1907

that I last saw h alive on Oct 31 1907

and that death occurred, on the date stated above, at 2.15 a M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Valvular Heart Disease (DURATION) DAYS

(Signed) M Allenberg M.D.

Address 742 W Fayette St

Date Sept 3 1907

Place of Burial Fells Point Cem Hebrew

Date Nov 3/07 190

Undertaker J A Lucas Co

Address 951 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6102 — Registered No. B C 6102

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1031 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George C. Henning

{ Residence, if in Baltimore, Give Street and Number. } 1031 N. Gay st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 24 1907

AGE: ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo C. Henning

BIRTHPLACE OF FATHER (State or country): D. C.

MAIDEN NAME OF MOTHER: Rachael L. Taylor

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachael L. Henning

(Address) 1031 N. Gay st

Filed 11/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 1st 1907

that I last saw h[illegible] alive on Nov 1 1907,

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 hours

Con ributory (Primary.) Mal Nutrition

(DURATION) 1 Month

(Signed) Chas. B. Fegan M.D.

Address 5302 Broadway

Date Nov 2nd 1907

Place of Burial Mt. Carmel Com.

Date NOV 3 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. B C 6103 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 E Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret E. Burton

{Residence, if in Baltimore, Give Street and Number.} 404 E Clement St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 9 1906
AGE	1 years, 8 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Robert R. Burton
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Mary L. Kalvelage
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R R Burton

(Address) 404 E Clement St

Filed 11/3 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Nov 1 1907

that I last saw her alive on Nov 1 1907

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Meningitis

(DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Cunhang M.D.

Address 1363 Lytle St

Date Nov 1 1907

Place of Burial Mount Olivet

Date Oct 3 1907

Undertaker Edward L. Lanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6104

Ward 21

C 6104 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1201 Denver (Denver) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Byrnes (Byrnes)

{Residence, if in Baltimore, Give Street and Number.} 1201 Denver

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate C Hooper

(Address) 1201 Denver st

Filed 11/3 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to Nov 1 1907

that I last saw her alive on Nov 1 1907

and that death occurred, on the date stated above, at 4. A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 16 DAYS

Con'ributory (Primary.) Bright disease

(DURATION) DAYS

(Signed) Walter C Cot M.D.

Address 542 Fulton Ave

Date Nov 2 1907

Place of Burial Petersburg Va

Date November 3 1907

Undertaker Jo B Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3rd C 6105 Registered No. B C 6105

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 730 S. Dallas St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Garlin

{Residence, if in Baltimore, Give Street and Number.} 730 S. Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Oct. 29 1907	
AGE: — years, — months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Frederick B. Garlin	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Christina Olsen	
BIRTHPLACE OF MOTHER (State or country): Norway	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick B. Garlin

(Address) 730 S. Dallas St.

Filed 11/3 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Insanition

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Thos Sadler Coroner M.D.

Address 320½ Greene St.

Date — 190

Place of Burial Mount Carmel Cem.

Date Nov. 4 1907

Undertaker Germanes Franed

Address Pang and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6106 — Registered No. B C 6106

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1230 W Collingh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Harrison

{ Residence, if in Baltimore, Give Street and Number. } 1230 W Collingh St.

Duration of Residence in Baltimore. Literally 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 30th 1809

AGE 98 years, ... months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) A.A. County Md

FULL NAME OF FATHER Saml Harrison

BIRTHPLACE OF FATHER (State or country) A A County Md

MAIDEN NAME OF MOTHER Mary Stewart

BIRTHPLACE OF MOTHER (State or country) A A County

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Madison Mitchell

(Address) 1201 W Fayette St

Filed 11/3 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday Nov 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1907 to Nov 2nd 1907

that I last saw h~~er~~ alive on Oct 15th 1907,

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Gradual (DURATION) DAYS

Contributory (Primary.) Senility

Gradual (DURATION) DAYS

(Signed) A K Mitchell M.D.

Address 607 N. Charles St

Date Nov 2nd 1907

Place of Burial Green Mt Cem

Date Nov 4th 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 6107 — Registered No. B C 6107

6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123. So. Sharp Street St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Katherine McGee,

{ Residence, if in Baltimore, Give Street and Number. } 1123. So. Sharp Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: December 3rd 1906.

AGE: — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert McGee.

BIRTHPLACE OF FATHER (State or country): Baltimore City.

MAIDEN NAME OF MOTHER: Mary Reinhardt

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert McGee

(Address) 1123. S. Sharp St.

Filed 11/3 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Oct~~ Nov 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Nov 1 1907

that I last saw her alive on Nov 1 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Measles,

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Myers M.D.

Address 909 Cathedral St

Date Nov 2 1907

Place of Burial Cathedral Cemetery

Date November 3rd 1907.

Undertaker Daniel and Morgan S. Flynn.

Address 42. East West Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 4 — C 6108 — Registered No. B C 6108

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Wesley Kalb.

{ Residence, if in Baltimore, Give Street and Number. } Catonsville, 78 Mellor Ave.

Duration of Residence in Baltimore. 3 Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jacob Kalb.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: U.S. Store Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella S. Kalb.

(Address) 78 Mellor Ave.

Filed 11/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10-31 1907

I HEREBY CERTIFY, That I attended deceased from 10-30 1907 to 10-31 1907 that I last saw h[illegible] alive on 10-31 1907, and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Con'tributory (Primary) Streptococcus Cellulitis of Neck (DURATION) 7 DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Nov 1 1907

Place of Burial St. Johns Cemetery Catonsville, Md.

Date November 4th 1907

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6109

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B C 6109

City of Baltimore, (No. 407 W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Buch Sr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 10 1817 (Month) (Day) (Year)

AGE: 90 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. P. Hammarstrom

(Address) 407 W. Saratoga

Filed 11/5 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 2" 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24 1907 to Nov 1" 1907

that I last saw h~~im~~ alive on Nov 1" 1907,

and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Left Lumiplegia

(DURATION) 5 DAYS

Contributory old age

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Nov 2 1907 (Address) 16 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Nov 3 1907

UNDERTAKER: Geo J Smith — ADDRESS 1000 W. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

600 Block Carrollton Ave

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 6110 — Registered No. B C 6110 — 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 108 E. Hughes St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewis F Gischel

{ Residence, if in Baltimore, Give Street and Number. } 108 E Hughes St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Conrad H Gischel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis L Herman

BIRTHPLACE OF MOTHER (State or country): Saxony. —

OCCUPATION OF DECEASED: Hat Blocker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis L Gischel.

(Address) 108 E Hughes

Filed 11/3 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 2 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to Nov 2 1907

that I last saw him alive on Oct 21 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

One year (DURATION) X DAYS

Contributory (Primary.) X

(DURATION) X DAYS

(Signed) T Ken Williams M.D.

Address 601 N Carrollton Ave

Date Nov 2 1907

Place of Burial Western Cem

Date Nov 4 1907

Undertaker Wm Cook

Address 1102 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 6111

C 6111

Ward 9 *Registered No. B* 79

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 107 Carroll Ave *Waverly* *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth N. Kronebergor

{ Residence, if in Baltimore, Give Street and Number. } 107 Carroll Av.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: 1

AGE: 78. years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Derr.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles L. Kronebergor

(Address) 1332 N. Fulton Av.

Filed 11/3 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Nov 2 1907

that I last saw h[er] alive on Nov 1 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

acute Cardiac dilatation

(DURATION) 2 DAYS

Contributory (Primary) Valvular heart disease (DURATION) 8 DAYS

(Signed) Harry C Alyea M.D.

Address 340 Rolandvale

Date Nov 2 - 1907 1907

Place of Burial Baltimore Mem.

Date Nov 4 1907

Undertaker Wm Cook

Address 502 E North Av.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6112

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6112

City of Baltimore, (No. 1021 N. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George H. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 14 1827 (Month) (Day) (Year)

AGE: 80 years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Robt Miller

BIRTHPLACE OF FATHER (State or country): City.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Marshall

(Address) 605 N. Conway

Filed 11 3 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 23rd 1907 to Nov 1st 1907

that I last saw him alive on Nov 1st 1907,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Valvular Disease Heart and Old Age

Several Years (DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) 7 DAYS

(Signed) H. J. Carruthers M. D.

Nov. 2nd 1907 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Nov 3 1907

UNDERTAKER: H. J. Tickner & Sons — ADDRESS: Camden Place

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 6113 — Registered No. B C 6113

CERTIFICATE OF DEATH.

(Place of Death.) No. 447 N. Lakewood Ave St. (If Death occurred in Hospital or Institution, Give its Name instead of Street and Number)

Full Name Mary J. Tull

{Residence, if in Baltimore, Give Street and Number.} 447 N. Lakewood ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 5th 1
AGE	64 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Jno. Hook
BIRTHPLACE OF FATHER (State or country)	don't know
MAIDEN NAME OF MOTHER	Jane Falls
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanche Tull

(Address) 447 N. Lakewood ave

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31, 1907.

I HEREBY CERTIFY, That I attended deceased from Dec. 7-04 1907 to Dec. 31 1907 that I last saw h alive on Dec. 31 1907 and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Hypostasis

(DURATION) 9 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1110 E. Baltimore

Date 190

Place of Burial Cathedral Cem.

Date Jan. 4th 1908

Undertaker Jno. A. Inman & Son

Address Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6114 — Registered No. B C 6114 — 142

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Weeks

{Residence, if in Baltimore, Give Street and Number.} 573 Dolphin St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	Colored
DATE OF BIRTH	— — 1
AGE	73 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend

(Address) 573 Dolphin St

Filed 11/3 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Oct 31 1907 that I last saw h er alive on Oct 31 1907, and that death occurred, on the date stated above, at 3:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) — DAYS

Con ributory (Primary) Senile gangrene

& Arteriosclerosis (DURATION) — DAYS

(Signed) W. J. Eightower M.D.

Address St Josephs Hospital

Date Nov 1 — 1907

Place of Burial Mt Auburn

Date Nov 3 — 1907

Undertaker R. F. Elliott

Address 506 Royers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

C 6115 Registered No. B C 6115

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 1920 Pattinson av. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Richard L. Brown

{Residence, if in Baltimore, Give Street and Number.} 1820 Pattinson av

Duration of Residence in Baltimore. Thirty year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Brown

(Address) 1820 Pattinson av.

Filed 11/3 190 7

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Diseases of Liver.

(Contributory)

Two years (DURATION) DAYS

Contributory (Primary.) Cirrhosis

of Liver (DURATION) DAYS

(Signed) Allen Baldwin M.D.

Address 700 Laf. av. (Grove)

Date Nov. 1st 1907

Place of Burial Laurel

Date November 3 - 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 6116 — Registered No. B C 6116

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 2034 E. Eager st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Diver

{Residence, if in Baltimore, Give Street and Number.} 2034 E Eager st

Duration of Residence in Baltimore. Over 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: March 10th 1848

AGE: 59 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: John D. Diver

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaretha Keller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Stationary Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harrison Diver

(Address) 2034 E. Eager St.

Filed 11/3" 1907

HARRY C. ANDRIES, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 1907

I HEREBY CERTIFY, That I attended deceased from 12 Oct 1907 to Oct 31 1907 that I last saw h[illegible] alive on 31 1907 and that death occurred, on the date stated above, at 1/4 to 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism of Heart and Dropsy

(DURATION) 16 DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) Thos J. Lee M.D.

Address 1012 N Wolfe

Date Nov. 1 1907

Place of Burial 1st Evangelical Lem.

Date Nov. 3rd 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor Broadway & Baltimore Sts

[illegible] Caroline Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6117 C 6117

Ward 16 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 N. Parrish Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Lewis

{ Residence, if in Baltimore, Give Street and Number. } 1125 N. Parrish al

Duration of Residence in Baltimore. 3 years 2 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH September 1 1904

AGE 3 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Annie Lewis

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen E. Beads

(Address) 1125 N. Parrish.

Filed 11/3" 1907 HARRY O. ANES Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Nov. 1 1907

that I last saw her alive on — 190—

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia — Whit

Terminated a few hours

before death in diarrhea

(DURATION) 2 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 10 DAYS

(Signed) Albert L. Sanders M.D.

Address 1113 N. Gilmor St.

Date November 2 1907

Place of Burial Mt Olivet

Date NOV 3 - 1907 190—

Undertaker R L Parham

Address 1213 Pauch St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6118

HEALTH DEPARTMENT, City of Baltimore.

Ward 44 Registered No. B C 6118

CERTIFICATE OF DEATH. 118

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Golda Belle Carr

{Residence, if in Baltimore, Give Street and Number.} Westminster, Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR white
DATE OF BIRTH Nov. 3rd 1907	
AGE 14 years, 1 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Sngle
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Jesse P. Carr
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Cora V. Bloom
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse P. Carr

(Address) Westminster

Filed Nov 4th 1907 HARRY O. INDARS, CHIEF CLERK. Registrar

6846R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1907 to Nov 3rd 1907 that I last saw her alive on Nov 3rd 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

Probably (DURATION) 3 DAYS

Contributory (Primary) appendicitis (DURATION) 6 DAYS

(Signed) R C Franklin M.D.

Address University Hospital

Date November 3rd 1907

Place of Burial Westminster Md

Date Nov 5th 1907

Undertaker Geo Leinbach & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 6119 *Registered No. B* C 6119

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Johns Hopkins Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katee Hucke

{ Residence, if in Baltimore, Give Street and Number. } 1616 N. Spring St

Duration of Residence in Baltimore. 1

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 16 62
AGE	45 years, 4 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Hucke

(Address) 1616 N Spring St

Filed 11/4 1907 HENRY O. ANDREAE PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Nov 2 1907

that I last saw h[illegible] alive on Nov 2 1907

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated abdominal Hernia, Gangrene bowel and General Peritonitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch. M.D.

Address Johns Hopkins Hospital

Date Nov 3 1907

Place of Burial Loudon Park

Date Nov 4. 1907

Undertaker Robert J Jones

Address #1942 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6120 — Registered No. B C 6120

CERTIFICATE OF DEATH.

954

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Shannon

{Residence, if in Baltimore, Give Street and Number.} Spring & Monument Sts

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Oct 10 1831

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1907 to Nov 2 1907 that I last saw him alive on Nov. 2 1907 and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Pulmonary Oedema (DURATION) DAYS

(Signed) P. P. Coay M.D.

Address Bay View

Date Nov. 3 1907

Place of Burial Greenmount

Date Nov 5 1907

Undertaker Robt J. Lynch

Address 1742 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

C 6121

Registered No. B C 6121

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry J. Hartmann

{Residence, if in Baltimore, Give Street and Number.} 1534 N. Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man | COLOR: White

DATE OF BIRTH: Dec 26th 1867

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Hartmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Seifert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine L. Hartmann

(Address) 1534 N. Wolfe St.

Filed 11/4 1907

HARRY O. ABLARDS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 1 1907.

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1907 to Nov. 1 1907 that I last saw h in alive on Nov. 1 1907, and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia.

Intestinal perforation (?)

(DURATION) ... DAYS

Contributory (Primary.) Typhoid fever (DURATION) ... DAYS

(Signed) Wm. Schmeisser M.D.

Address St. Joseph's Hospital

Date Nov. 1 1907.

Place of Burial London Park

Date Nov 5 1907.

Undertaker Ralph J. Hummel

Address 1424 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B C 6122

C 6122

CERTIFICATE OF DEATH.

27 4

(Place of Death.) No. 910 N. Central Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Jeffers

{Residence, if in Baltimore, Give Street and Number.} 1608 Holbrook St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: White

DATE OF BIRTH: Oct 8 1878

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: Geo Jeffers

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Mary A Dunn

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION OF DECEASED: Tobacco

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Jeffers

(Address) 1608 Holbrook St

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3, 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to Oct. 31 1907 that I last saw him alive on Oct. 31, 1907, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 years DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Nov. 3, 1907

Place of Burial New Cathedral

Date Nov 6 1907

Undertaker Robt Thumel

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C 6123 Registered No. B C 6123 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 W Lee — — — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Priscilla Davis

{ Residence, if in Baltimore, Give Street and Number. } 214 N. Lee st

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Christie

(Address) 214 w lee st

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1906 to Nov 1st 1907 that I last saw her alive on Nov. 1st 1907, and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

One year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. M. Hale M.D.

Address 1019 Druid Hill Ave

Date Nov. 3rd 1907

Place of Burial Mt Auburn

Date Nov 4 1907

Undertaker Samuel Townsend

Address 1311 W Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6124

64

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6124

City of Baltimore, (No. 825 Linden Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Tinsley.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Miller

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Tinsley

(Address) 825 Linden Ave

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 1st 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 31" 1907 to Nov 1" 1907 that I last saw h alive on Nov 1" 1907, and that death occurred, on the date stated above, at 12 30 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(DURATION) 1 DAYS

Contributory Arterio-Sclerosis

(DURATION) ? DAYS

(Signed) Wm B. McDonald, M. D.

Nov 1" 1907 (Address) 1315 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 4 1907
UNDERTAKER	ADDRESS
R F Ellicott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 6125 Registered No. B C 6125

CERTIFICATE OF DEATH. 137

(Place of Death.) No. St. Luke's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Thora Ella Kehn

{ Residence, if in Baltimore, Give Street and Number. } 2551 W. North Ave.

Duration of Residence in Baltimore 21 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 2 1877

AGE: 31 years, one months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo W. Stanley

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Sarah Ann Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gleason F. Kehn

(Address) 2551 W. North Ave

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1907

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Nov 2 1907 that I last saw her alive on Nov 2 1907, and that death occurred, on the date stated above, at 10 10 P.M. CAUSE OF DEATH (Secondary ~~or Immediate~~)

Septic peritonitis

(DURATION) 6 DAYS

Contributory (Primary.) Dead foetus in uterus (DURATION) unknown DAYS

(Signed) Geary A. Eng M.D.

Address Hamilton, Md

Date Nov. 2 1907

Place of Burial Mountain Church Harford Co. Md.

Date November 5th 1907

Undertaker Scott M. Starr

Address 123 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

C 6126

Registered No. B C 6126

CERTIFICATE OF DEATH.

(Place of Death.) No. 2530 Madison Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Bishop

Residence, if in Baltimore, Give Street and Number. 2530 Madison Ave.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Do not know 1846

AGE 61 years, ... months, ... days

~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Malcolm H. Bishop

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Schultenberg

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Bird Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 2530 Madison Ave.

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3" 1907

I HEREBY CERTIFY, That I attended deceased from July 6. 1907 to Nov. 2. 1907 that I last saw him alive on Nov. 2. 1907, and that death occurred, on the date stated above, at 5 o'clock A. M. CAUSE OF DEATH (Secondary or Immediate)

Hydrops and Anaemia

(DURATION) 5 months

Contributory (Primary.) Nephritis

(DURATION) 6 months

(Signed) F. J. Siebold M.D.

Address 1601 Aisquith St.

Date Balto. Nov. 3rd. 1907

Place of Burial Loudon Park Cemetery

Date November 5th 1907

Undertaker Evans & Spence

Address 1178 W. Mt. Royal Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 6127 — Registered No. B C 6127

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 Catasco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Stansbury.

{Residence, if in Baltimore, Give Street and Number.} 1503 Catasco St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 23 1860.

AGE 47 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Richard J Stansbury

BIRTHPLACE OF FATHER (State or country) Prince Georges Co Md

MAIDEN NAME OF MOTHER Sarah A Reynolds.

BIRTHPLACE OF MOTHER (State or country) Howard Co Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence M Emmons (sister)

(Address) 1503 Catasco St

Filed 11/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 7.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

(P) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Neffenbardt M.D.
Coroner

Address .....

Date November 2 1907

Place of Burial Greader Hill

Date November 4 1907

Undertaker John E Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 6128 Registered No. B C 6128

CERTIFICATE OF DEATH.

364

(Place of Death.) No. 2132 Centre Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lilly Hudgins

{Residence, if in Baltimore, Give Street and Number.} 2134 Centre

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 19 1907

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Hudgins

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lena Smith

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hudgins

(Address) 213 N. Central Av

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

Not ascertained

Specific in origin

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Theodore Lemmerman M.D.

Coroner

Address 1118 N. Chas. St

Date Nov 4 1907

Place of Burial Balto Cem

Date Nov 4 1907

Undertaker McGinnis & Carroll

Address 1227 Mulliken

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 6129 — Registered No. B C 6129

64

CERTIFICATE OF DEATH.

(Place of Death.) No 2419 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James M. Thompson Sr.

{Residence, if in Baltimore, Give Street and Number.} 2419 Barclay

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co. Md.

FULL NAME OF FATHER: James R Thompson

BIRTHPLACE OF FATHER (State or country): N. J.

MAIDEN NAME OF MOTHER: Jane Hughes

BIRTHPLACE OF MOTHER (State or country): Wales

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily F. G. Thompson

(Address) 2419 Barclay St

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 2nd 1907,

that I last saw him alive on Nov 2nd 1907,

and that death occurred, on the date stated above, at 9-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.)

Coma (DURATION) — DAYS

(Signed) H. W. Frei M.D.

Address 12. E 25th St

Date Nov. 2nd 1907.

Place of Burial Loudon Park

Date Nov 4 1907

Undertaker Wm Cody & Co

Address 1028 E. Hartford Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6130 Registered No. B C 6130

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah McGee

{Residence, if in Baltimore, Give Street and Number.} 1612 W Lexington St.

Duration of Residence in Baltimore 23 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Swan.

(Address) 313 N. Howard St.

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14- 1907 to Nov 2 1907 that I last saw her alive on Nov 1st 1907 and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia.

— (DURATION) = DAYS

Con'ributory (Primary.) Paralysis (DURATION) 18 DAYS

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date Baltimore Oct Nov. 2 1907

Place of Burial Mt Carmel

Date Nov 5 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 6131 — Registered No. B C 6131

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118. Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sallie A. Coulter.

{Residence, if in Baltimore, Give Street and Number.} 1118. Riggs Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: ... 1 ...

AGE: 55 years, — months, — days

* SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto. —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Coulter

(Address) 1118 Riggs Ave

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 190 to Nov 3 190 7

that I last saw h alive on Nov 3 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Albert J. Conway M.D.

Address 1412 Mt Royal Ave

Date Nov 4 1907

Place of Burial Loudon Park

Date Nov 5 1907

Undertaker Woodcock

Address 502 E Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6132 — Registered No. B C 6132

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2572 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Sophia Stahl

{ Residence, if in Baltimore, Give Street and Number. } 2376 N. Calvert St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 11th 1891

AGE: 16 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Henry Stahl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Judd

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Stahl

(Address) 2372 N. Calvert

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1907 to Nov 1st 1907

that I last saw h alive on Nov 1st 1907, and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral stenosis broken compensation and oedema

3 wks (DURATION) DAYS

Contributory (Primary.) Mitral stenosis

a (DURATION) DAYS

(Signed) Leonard K. Hirshberg M.D.

Address 1927 Madison Ave

Date Nov 4th 1907

Place of Burial Balto Cem

Date 11/4/07 190

Undertaker J. Herwig & Son

Address 2008 Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6133 — Registered No. B C 6133

113

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 N. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Mordant Eckhert

{Residence, if in Baltimore, Give Street and Number.} 1635 N. Lexington

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 14th 1844

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Eckler.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Dont. Know.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter L. Eckhardt.

(Address) Tribune Bldg New York

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 27 1907 to Nov. 3rd 1907

that I last saw h... alive on Nov 3 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ... DAYS

Con'ributory (Primary) Obstruction Gall Stone (DURATION) 15 DAYS

(Signed) H. Lee Dandridge M.D.

Address 1228 St. Paul St.

Date Nov. 3 — 1907

Place of Burial London Park Cemetery

Date Nov. 5th 1907

Undertaker Mr. & Mrs. John H. Feudel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6134 — Registered No. B C 6134

CERTIFICATE OF DEATH.

54

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John L. Moore (moon)

{Residence, if in Baltimore, Give Street and Number.} 742 N. Eutaw St

Duration of Residence in Baltimore. 25yr

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH 1	
AGE 56 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED M	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/4 1907 — HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Oct 31 1907

that I last saw h im alive on Oct 31 1907

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anemia

(DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) Walter D. Thal M.D.

Address City Hosp.

Date Nov 1 1907

Place of Death JOHNS HOPKINS HOSPITAL

Date NOV 2 - 1907

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9th — C 6135 — Registered No. B C 6135

56

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Eigner ?

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: about 1872

AGE: about 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Schmitz

(Address) St Joseph's Hospital

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1907 to Nov. 2 1907 that I last saw h in alive on Nov. 2 1907, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Delirium tremens. (DURATION) DAYS

(Signed) Wm. J. Schmitz M.D.

Address St. Joseph's Hosp.

Date Nov. 2 1907.

Place of Burial St Peters ✓

Date Nov- 4-07

Undertaker Wm. M. Leuthardt

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6136 — Registered No. B C 6136

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 808 Willow St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie S. Powers

{ Residence, if in Baltimore, Give Street and Number. } 808. Willow St

Duration of Residence in Baltimore. 14 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1868

AGE: 39 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Powers

(Address) 808 Willow St

Filed 11/4 1907 HARRY O. INLOW Registrar
PARDY CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Oct 31 1907 that I last saw her alive on Oct 25 1907, and that death occurred, on the date stated above, at 9 oclock P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (DURATION) 4 DAYS

Contributory (Primary.) Tuberculosis (DURATION) Two DAYS

(Signed) Mary F Voeglein M.D.

Address 1028 Valley St

Date Nov. 3. 1907

Place of Burial St Peters ✓

Date Nov. 5th 1907

Undertaker Wm. M. Gauntlett

Address North & Linden Aves

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 6137 *Registered No. B* C 6137 64

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1129 N. Stricker St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Mueller

{ Residence, if in Baltimore, Give Street and Number. } 1129 N. Stricker St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wm Bentz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3rd, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 30th 1907 to Nov 2nd 1907 that I last saw h[illegible] alive on Nov. 2nd 1907, and that death occurred, on the date stated above, at 12 30 AM

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac and respiratory Failure 2

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) 4 DAYS

(Signed) J. Martin Hayes M.D.

Address 901 N. Stricker St

Date Nov. 3rd, 1907

Place of Burial London Park

Date Nov 5 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6138 — Registered No. B C 6138

CERTIFICATE OF DEATH.

(Place of Death.) No. 2206 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isiac D. Surratt

{Residence, if in Baltimore, Give Street and Number.} 2206 York Road

Duration of Residence in Baltimore. about 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1841

AGE 66 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) District of Columbia

FULL NAME OF FATHER John H. Surratt

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary E. Jenkins

BIRTHPLACE OF MOTHER (State or country) Prince Geo. Co. Md.

OCCUPATION OF DECEASED Chief Clerk Old Bayline

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. R. J. Towny

(Address) 2206 York Road

Filed 11/4 1907 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3 1907

I HEREBY CERTIFY, That I attended deceased from about a year 190 to Nov 3 190 7

that I last saw h. sm alive on Nov 1 190 7.

and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Heart.

(DURATION) DAYS

Contributory (Primary) Indigestion

(DURATION) 365 DAYS

(Signed) Reginald J. Towny M.D.

Address 2206 York Road

Date November 3rd 1907

Place of Burial Mt Olivet Washington D.C.

Date Nov 5 1907

Undertaker E. G. Wedefeld & Son

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6139 — Registered No. B C 6139

CERTIFICATE OF DEATH.

(Place of Death.) No. 1505 N. Franklin St. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Marie Camelia Burford

{Residence, if in Baltimore, Give Street and Number.} 1505 N. Franklin St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Oct 9 1907

AGE ..... years, ... months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm A. Burford

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Grace A. Wallace

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A. Burford

(Address) 1505 N. Franklin St

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3d 1907

I HEREBY CERTIFY, That I attended deceased from Oct 23 1907 to Nov 3 1907 that I last saw h alive on Nov 3 1907, and that death occurred, on the date stated above, at 2.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from umbilicus

(DURATION) 1 hour

Contributory (Primary.) Infection of umbilicus

(DURATION) 10 DAYS

(Signed) C. Hampson Jones M.D.

Address 2029 St. Paul St.

Date Nov. 4 1907

Place of Burial Cathedral Cemetery

Date Nov 4 1907

Undertaker F. A. Kranse & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 6140

Ward 4th. C 6140 Registered No. Bed 19

CERTIFICATE OF DEATH. 18

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Hackley

{Residence, if in Baltimore, Give Street and Number.} Laurel Md.

Duration of Residence in Baltimore. 2 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 16th 1891

AGE: 16 years, 9 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George W. Hackley

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Rozella Mcdonald Virginia

OCCUPATION OF DECEASED: Servant Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Hackley

(Address) Laurel Md

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 4 1907

I HEREBY CERTIFY, That I attended deceased from 10/21 1907 to 11/4 1907 that I last saw h[illegible] alive on 11/4 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Endocarditis and multiple Thrombosis (DURATION) DAYS

(Signed) T. H. Legg, M.D.

Address University Hospital

Date Nov. 4, 07 190

Place of Burial Laurel Md

Date ~~Con~~ Nov 6th 1907

Undertaker Wm J Pickett & Sons

Address Garden & Race sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 6141

Ward 14 C 6141 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eider Father. (British Seaman.)

{Residence, if in Baltimore, Give Street and Number.} S/S. Brookline.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED: Single

BIRTHPLACE (State or country): Norway.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: British Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) University Hosp

(Address) W Lombard St.

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Nov 2 1907

that I last saw h[illegible] alive on Nov 2 1907,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

3 hrs. (DURATION) DAYS

Con'ributory (Primary.) Typhoid fever

4 weeks (DURATION) DAYS

(Signed) R. W. Crawford M.D.

Address University Hospital

Date Nov. 4 1907

Place of Burial Ft Lyon

Date Nov 4 1907

Undertaker P. J. Cook

Address 703 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 6142 — Registered No. B C 6142

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 1231 Riverside Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. O'Brien

{Residence, if in Baltimore, Give Street and Number.} 1231 Riverside Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm H Finkbeiner

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Russell

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Finkbeiner

(Address) 1231 Riverside ave

Filed 11/4 1907

HARRY O. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 2. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Nov 2 1907 that I last saw h alive on Nov 1 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tumor of the Brain

(DURATION) 4 Months DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) Thos. Cooke M.D.

Address 914 N Charles St

Date Nov 4 1907

Place of Burial New Cathedral

Date 11/5 1907

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 167 Registered No. B C 6143

C 6143

CERTIFICATE OF DEATH.

147

(Place of Death.) No. Md. Hommoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Tyson.

{ Residence, if in Baltimore, Give Street and Number. } Reisterstown Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: bulard

DATE OF BIRTH: 1

AGE: 45 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Charles Tyson

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman st

Filed 11/4 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1907 to Nov 3 1907 that I last saw h in alive on Nov 3 1907, and that death occurred, on the date stated above, at 9 15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion,

(DURATION) 7 DAYS

Contributory (Primary.) Senile debility and gangrene right foot (DURATION) 23 DAYS

(Signed) Geo. R. Jones M.D.

Address 122 N. Mount St.

Date Nov. 3. 1907

Place of Burial Reisterstown Md

Date November the 5- 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of

Ward 15 C 6144 Registered No. B C 6144

CERTIFICATE OF DEATH.

(Place of Death.) No. 1448 N Parish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Dennis

{Residence, if in Baltimore, Give Street and Number.} 1448 N. Parish alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Colored.

DATE OF BIRTH Nov. 2 nd. 1907

AGE 33. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carrol County Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer on Ice Cart

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman st

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2. 1907

I HEREBY CERTIFY, That I attended deceased from about July 1907 to Nov. 2 1907 that I last saw h in alive on Nov. 1 1907, and that death occurred, on the date stated above, at 4 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs.

following Pneumonia

about (DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Thomas Dilson M.D.

Address 1300 N. Chester St

Date Nov 2. 1907

Place of Burial Laurel Cemetery

Date Nov the 5 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6145

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B C 6145

City of Baltimore, (No. 803, Florence St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella C. Hullett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: July 25 1899 (Month) (Day) (Year)
AGE: 8 years, 1 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Baltimore
FULL NAME OF FATHER: Edgar F. Hullett
BIRTHPLACE OF FATHER (State or country): Md.
MAIDEN NAME OF MOTHER: Sarah Elizabeth Hall
BIRTHPLACE OF MOTHER (State or country): Md.
OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar F. Hullett
(Address) 803 Florence St

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 22, 1907 to Nov. 3, 1907 that I last saw h-r alive on Nov 3, 1907, and that death occurred, on the date stated above, at 11.40 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis
(DURATION) 3 weeks DAYS

Contributory Burns.
Since May 22'07 (DURATION) DAYS

(Signed) F. W. Hammer M. D.
11/4 1907 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov. 5 1907

UNDERTAKER: Jos. B. Cook — ADDRESS: 1013 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

OK a D

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6146 Registered No. B C 6146

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Letitia M. McCuster

{ Residence, if in Baltimore, Give Street and Number. } 1531 Myrtle Ave.

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Sept. 15th 1863

AGE 43 years ..... months ..... days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Savannah Georgia

FULL NAME OF FATHER John K Mehrens

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David S Ross

(Address) 1537 Myrtle Ave

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Nov 2 1907

that I last saw h[illegible] alive on Nov 2 1907

and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia —

(DURATION) 7 DAYS

Contributory (Primary.) Carcinoma Uteri.

(DURATION) ..... DAYS

(Signed) Virginia Crosby Jr. M.D.

Address Union Prot. Inf.

Date Nov. 3. 1907

Place of Burial New Cathedral

Date Nov 4th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 6147 Registered No. B C 6147

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 Wellesley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ella E Tatum

{Residence, if in Baltimore, Give Street and Number.} No. 3 Wellesley st

Duration of Residence in Baltimore. Life (Wellesley)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Louis Tatum

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elizabeth Hopkins

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 N. Fremont st

Filed 11/4 1907 HARRY O. [illegible], PARTD CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Nov 3 1907

that I last saw h.. alive on Nov 2 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth
(7 months)

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Hathems

..... (DURATION) ..... DAYS

(Signed) J. C. Bound M.D.

Address 1362 W. Lombard st

Date Nov 4 1907

Place of Burial Loudon Park

Date Nov 4 1907

Undertaker John J Fields

Address 1200 N. Fremont st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6148

64 C

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6148

City of Baltimore, (No. 1921 Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Elizabeth Norris

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 27th 1840 (Month) (Day) (Year)

AGE 67 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Billingslea

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Amanda Taylor

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Tobacconist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm E. Pitt

(Address) 1921 Mosher St

Filed 11/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 1st 1907 that I last saw her alive on Nov 1st 1907, and that death occurred, on the date stated above, at 1.30 P M. The CAUSE OF DEATH was as follows:

Apoplexy

About 1½ to 2 hrs. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Gilmour P Evans. M. D.

Nov 2nd 1907 (Address) 833 N Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Abingdon Harford Co Md

DATE OF BURIAL Nov 5th 1907

UNDERTAKER J Bertram Lytle

ADDRESS 1723 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 6149 Registered No. B C 6149

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 613 N. Carolina St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Beard

{ Residence, if in Baltimore, Give Street and Number. } abon

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col,

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Bennitt

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah Ann Jones

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Julia Beard

(Address) 613 N. Carolines

Filed 11/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3d 1907

I HEREBY CERTIFY, That I attended deceased from At Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, death Sudden.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehnert Coroner M.D.

Address 211 N. Lanvale

Date Nov 4th 1907

Place of Burial Laurel Cemetery

Date November 6th, 1907

Undertaker Theodore White

Address 1702 Gough st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6150

106

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6150

Registered No. B .....

City of Baltimore, (No. 1212 Madison ave. St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jerome A. Rendergast.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 5 (Day) 1831 (Year)

AGE: 76 years, 0 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Rendergast.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. D. Davies

(Address) 1221 Bolton St.

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 4, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 3 1907 to Nov. 4 1907 that I last saw him alive on Nov. 4, 1907, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Acute Catarrhal Enteritis

Immediate Cause Asthenia - Failure of Heart. (DURATION) DAYS

Contributory Cold - possibly (DURATION) DAYS

(Signed) Wm. R. Bonebaker M. D.

Nov. 4 1907 (Address) 809 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Nov. 4, 1907

UNDERTAKER: Henry A. Means & Son — ADDRESS: 805 W. Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6151

6

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C.6151 ✓
120

CERTIFICATE OF DEATH.

C 6151

Registered No. B

City of Baltimore, (No. Church Home & Infirmary Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Banville

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 63 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Banville

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. James Murphy

(Address) 663 E. Biddle

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 19th 1907 to Nov. 3rd 1907

that I last saw her alive on Nov 2 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Chr. Parenchymatous Nephritis.

6 mths. (DURATION) DAYS

Contributory General oedema.

1 month (DURATION) DAYS

(Signed) J W Keown M. D.

Nov 3 1907 (Address) 1938 Linden Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Nov. 6 1907
UNDERTAKER	ADDRESS
K. C. Widefeld	914 Fremont Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 6152 Registered No. B C 6152

CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 N. Mount. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella M. Lepper

{ Residence, if in Baltimore, Give Street and Number. } 1043 N. Mount St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 14 1884

AGE: 23 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Thos C. Ireland

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks & Son

(Address) 17. S Calhoun St

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to Nov 2 1907 that I last saw h[illegible] alive on Nov 2 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. McLanahan M.D.

Address 602 S Paca St.

Date Nov 3 1907

Place of Burial Loudon Park Cem

Date November 5th 1907

Undertaker Robt Brooks & Son

Address 17. S. Calhoun Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

C 6153

Registered No. B C 6153

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 405 S. Pippleton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelia A. McKelvey

{Residence, if in Baltimore, Give Street and Number.} 405 S. Pippleton St

Duration of Residence in Baltimore. 40 Jrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: 1851

AGE: 56 years, C months, C days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D. C.

FULL NAME OF FATHER: Wm Davis

BIRTHPLACE OF FATHER (State or country): Washington D. C

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): C

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant: Robert W Lusby

(Address 1151 Cleveland St

Filed 11/4 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 [illegible] to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Succeeds by Hemiplegia

Contributory (Primary) (DURATION) DAYS

(DURATION) DAYS

(Signed) Geo Jones M.D.

Address [illegible]

Date Nov 4 1907

Place of Burial Mt Olivet Cem

Date Nov 6 1907

Undertaker Jos. Joerdens. Son

Address 217 S. Pine

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6154 — Registered No. B C 6154

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Visitation Convent Park & Centre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sr. Mary Charles McKeone

{Residence, if in Baltimore, Give Street and Number.} Visitation Convent

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 1835

AGE 72 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Francis McKeone

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cecelia McKeone

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Superior

(Address) Visitation Convent Park Ave

Filed 11/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Nov 4 1907 that I last saw h alive on Nov 3 1907; and that death occurred, on the date stated above, at 12½ a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Nov 4 1907

Place of Burial Mt de Sales Cem

Date Nov 5th 1907

Undertaker H. W. Jenkins Sons Co

Address 306 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6155 — Registered No. B C 6155

CERTIFICATE OF DEATH.

78

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Garner

{Residence, if in Baltimore, Give Street and Number.} 525 Eyzeith St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 23rd 1841

AGE 63 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jennie Garner

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER don't know

BIRTHPLACE OF MOTHER (State or country) don't know

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Baum

(Address) 1224½ E. Fayette St

Filed 11/4 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1907 to Nov 4th, 1907

that I last saw her alive on Nov 4th 1907,

and that death occurred, on the date stated above, at 6.00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilitation

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Endocarditis

(DURATION) 1 yr. DAYS

(Signed) Texas. D. a. Lynch.

Address Hebrew Hospital

Date 11-4-07 190

Place of Burial Hebrew Fells Point Cem

Date Nov 5/07 190

Undertaker J. Abrams Co

Address 175 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 6156 Registered No. B ..... C 6156

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Anderson

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address)

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 30 1907 to Nov. 3 1907

that I last saw h~~im~~ alive on Nov. 3 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Nov. 4 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 4 - 1907 190

Undertaker Wm. J. Howden

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 45

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B C 6157

C 6157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Robert~~ Baumgarden

{Residence, if in Baltimore, Give Street and Number.} 1521 N. Chapel st., Balto.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White.

DATE OF BIRTH: Oct. 24, 1907

AGE: 0 years, 0 months, 8 days

SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Nathaniel Baumgarden

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Bessie Crow.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/4 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 1, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1907 to Nov 1 1907 that I last saw h[illegible] alive on Nov 1 1907, and that death occurred, on the date stated above, at 8A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. C. Feldsmyth M.D.

Address Johns Hopkins Hospital

Date Nov 1, 1907

Place of Burial JOHNS HOPKINS HOSPITAL NOV 4 - 1907

Date ..... 190..

Undertaker Commissioner Health, W

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

245

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 6135 Registered No. B C 6135 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 N Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Thomas

{Residence, if in Baltimore, Give Street and Number.} 116 N Carlton St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Marr'd

BIRTHPLACE (State or country) Kent Co Md.

FULL NAME OF FATHER Perry Ringgold

BIRTHPLACE OF FATHER (State or country) Kent Co

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Kent Co Md.

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Thomas

(Address) 116 N Carlton

Filed 11/4 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 190

I HEREBY CERTIFY, That I attended deceased fr

Oct 23 1907 to Nov 2 190

that I last saw h alive on Nov 2 190

and that death occurred, on the date stated above, at

P.M. CAUSE OF DEATH (Secondary or Immedia

Acute Colitis

3 wks (DURATION)

Con'tributory (Primary.) Cesteman

(DURATION) 7

(Signed) V L Norwood

Address 939 W Fayette

Date Nov 2

Place of Burial Mt Auburn Cem

Date Nov 5

Undertaker R A Gladstone

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6159

Ward ..... C 6159 Registered No. B 1211

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Priscilla Bowcy

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamer Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 11/4" 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 1" 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1907 to Nov. 1" 1907

that I last saw h.. alive on Nov. 1" 1907

and that death occurred, on the date stated above, at 8 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis — Chronic Interstitial (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Nov. 1" 1907

Place of Burial Mt. Auburn Cemetery

Date Nov 5" 1907

Undertaker E. R. T. Kelly

Address 506 Rutgers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 6160 *Registered No. B* C 6160

8 1/2

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 339 S. 6 Chester *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Donnelly

{ Residence, if in Baltimore, Give Street and Number. } 339 S. 6 Chester St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1841

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Bernard Dunbin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Jno Martin Glenn

(Address) 3398 Chester St

Filed 11/4" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30th 1907 to Oct 30th 1907

that I last saw h alive on Oct 30th 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) 3 DAYS

Con'tributory (Primary) Arterio Sclerosis

(DURATION) DAYS

(Signed) A. L. Gumbleson M.D.

Address 2013 Bank st

Date Nov 3rd 1907

Place of Burial St. Patricks

Date Nov. 5th 1907

Undertaker Jno G. Inman

Address Bank & Ann

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6161

Ward 7

C 6161

Registered No. B 1 1/2

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 N. Chapel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lily Grach

{Residence, if in Baltimore, Give Street and Number.} 915 N. Chapel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 1 years, X months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Frances Grach

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Grach

(Address) 915 N. Chapel St.

Filed 11/4" 1907 HARRY O. ANDES Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1907 to Nov 3d 1907

that I last saw h[illegible] alive on " 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate

Infantile Convulsions

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. J. Kyonek M.D.

Address 2008 Shenandoah

Date 1907

Place of Burial Mt. Olivet

Date Nov. 5 1907

Undertaker Frank Grach

Address 1907 Ballard Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B C 6162

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Smith

{ Residence, if in Baltimore, Give Street and Number. } Easton Md

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH — — 1879

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Chas S. Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Lister

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cleveland Smith

(Address) Easton Md

Filed Nov 5th 1907 HENRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 16 1907 to Nov 4 1907

that I last saw h[illegible] alive on Nov 4 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma ; retro-peritoneal.

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hosp

Date Nov 4 1907

Place of Burial Easton Md

Date Nov 4th 1907

Undertaker C. F. Shultis

Address 1711 Md ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 6163 Registered No. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Michael Nott.

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX M. COLOR Black.	DATE OF DEATH Nov. 3, [illegible]
DATE OF BIRTH Aug. 27 1907	I HEREBY CERTIFY, That I attended deceased Oct. 7 190 7 to Nov. 1 190 [illegible]
AGE years, 2 months, 7 days	that I last saw him alive on Nov. 1 190 [illegible]
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) B[illegible]	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or [illegible]	

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, if no Physician attended, notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **cause and date of death**, birthplace, and the usual residence of the deceased, and the **cause and date of death**.

C 6164

Ward 14 — C 6164 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Gerber.

{Residence, if in Baltimore, Give Street and Number.} 33 x Morris St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... 1...

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or Country): Ireland

MEDICAL CERTIFICATE OF D...

DATE OF DEATH: Nov...

I HEREBY CER...

Dec 3...

that I last...

SECTION 2. And be it fu... enacted and ordained, That... the Physician w... during his or her ... death, to the ... ed, the fa...

C 6165
thru
C 6167
missing

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6168 — Registered No. B C 6168

1514

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernadine Uffler

{Residence, if in Baltimore, Give Street and Number.} Govanstown.

Duration of Residence in Baltimore. 1 month

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 6 1907

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md - Govanstown

FULL NAME OF FATHER Charles Uffler

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin Inf. Asy.

(Address)

Filed 11/5 1907 HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1907 to Nov 4 1907

that I last saw h[illegible] alive on Nov 3, 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N. Carrlage

Date Nov 5, 1907

Place of Burial Govanstown St Mary

Date Nov 6 1907

Undertaker T S Marshall

Address 3539 Falls Road

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 6169 Registered No. B C 6169

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2823. E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Roberto Rorella Wilkins.

{ Residence, if in Baltimore, Give Street and Number. } 2823. E. Fayette St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Wilkins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hester Wilkerson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Wilkins

(Address) 2823 E Fayette St

Filed 11/5 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3d 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Nov 3d 1907 that I last saw her alive on Nov 3d 1907, and that death occurred, on the date stated above, at 7.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 25 DAYS

Contributory (Primary.) Respiratory failure

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102. Gilmor st

Date Nov 7 1907

Place of Burial Laurel

Date Nov 5 1907

Undertaker R. F. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 61,0 Registered No. B C 61,0

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 640 Smyth St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles Moor

{ Residence, if in Baltimore, Give Street and Number. } 640 Smyth St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ... 1

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Jerry Bayas

BIRTHPLACE OF FATHER (State or country) La

MAIDEN NAME OF MOTHER Rosa Bayas

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 640 Smyth St

Filed 11/5/07 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Nov 4 1907

that I last saw him alive on 3 Nov. 1907,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthma Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 180 DAYS

(Signed) Houghton Burley M.D.

Address Gulfstream Va

Date Nov 7 1907

Place of Burial Mt Auburn

Date November 5 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

C 6171

8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

C 6171

Registered No. B.....

City of Baltimore, (No. 1237, N. Gay St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Conner.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 15 (Month) (Day) 1832 (Year)

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Stout.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie L. Kagaguse.

(Address) 523 N. Bruce St.

Filed 11/5 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 3. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 21. 1907 to Nov. 03. 1907 that I last saw h.. alive on " 2 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 4 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo. A. Hartman M. D.

Nov. 4, 1907 (Address) 1121 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	Nov 6 1907
UNDERTAKER	ADDRESS
A. Fink & Son	915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6172

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6172

City of Baltimore, (No 2424 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dr William Penn Welsh

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 2 (Day) 1836 (Year)

AGE: 70 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas Welsh

BIRTHPLACE OF FATHER (State or country): Balto md.

MAIDEN NAME OF MOTHER: Maria Pogue

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: (Dentist 200)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank E. Welsh

(Address) 2424 Madison ave

Filed 11/5 1907

HARRY O. ANDREWS, PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 3d (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from September 15th 1907 to Nov. 3d 1907 that I last saw him alive on Nov. 3d 1907, and that death occurred, on the date stated above, at 2.25 P. M. The CAUSE OF DEATH was as follows:

Cancer of Liver

About 2 years (DURATION) DAYS

Contributory Debilitation and Heart failure (DURATION) 6 DAYS

(Signed) Wm Gambrill M. D.

Nov. 4th 1907 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 6 1907

UNDERTAKER: E. W. Mitchell

ADDRESS: 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6173 — Registered No. B C 6173 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hinkelmann

{Residence, if in Baltimore, Give Street and Number.} 1629 Mosher

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 3rd 1907

AGE: ..... years, ... months, 9 hrs — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Fred Hinkelmann

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Lucas.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katy Lucas

(Address) 1629 Mosher St

Filed 11/5 1907 — HARRY O. ANDREWS, PARITY CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1907 to Nov 3rd 1907 that I last saw h alive on Nov 3rd 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

(DURATION) ..... DAYS

Contributory (Primary.) Unknown

(DURATION) ..... DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin.

Date Nov 4th 1907

Place of Burial Balt. Cem.

Date Nov. 5 1907

Undertaker William Cook

Address 502 E. North Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 10 C 6174 Registered No. B C 6174

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna May Hrindlinn

{Residence, if in Baltimore, Give Street and Number.} 1629 Mosher St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 3rd 1907

AGE ..... years, ... months, 14 hours.

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Fred Hrindlinn

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Lucas

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Lucas

(Address) 1629 Mosher

Filed 11/5 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1907 to Nov 3rd 1907 that I last saw h alive on Nov 3rd 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

(DURATION) DAYS

Contributory (Primary.) Unknown.

(DURATION) DAYS

(Signed) John J McCarthy M.D.

Address 656 W Franklin St

Date Nov 4th 1907

Place of Burial Balt Cem.

Date Nov. 5 1907

Undertaker William Cook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 6175 Registered No. B C 6175

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 N. Washington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine M. Oleveine

{ Residence, if in Baltimore, Give Street and Number. } 626 N. Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: About 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Oleveine (Daughter)

(Address) 70 N. Callington Ave.

Filed 11/5 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 30 1907 to Nov 4 1907

that I last saw h alive on Nov. 3 1907

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) 6 DAYS

(Signed) Geo L. Watkins M.D.

Address 6 N. Bond

Date Nov 4 1907

Place of Burial Greenmount Cem

Date Nov 6/907 1907

Undertaker Wm Cook.

Address 5026 North Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6176 — Registered No. B C 6176

CERTIFICATE OF DEATH.

93

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis H. Frohlman

{ Residence, if in Baltimore, Give Street and Number. } 325 No Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis H. Frohlman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Fishdealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Evans

(Address) 322 N Gay St

Filed 11/5 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Nov 4 1907

that I last saw him alive on Nov 4 1907

and that death occurred, on the date stated above, at 6 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

Acute nephritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hosp

Date Nov 6 1907

Place of Burial Mt Carmel

Date Nov. 7 1907

Undertaker Wm Cook

Address 320 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

24

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 6177

27

CERTIFICATE OF DEATH.

C 6177

Registered No. B .....

City of Baltimore, (No. 1731, Little Sullivan's St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Sweeney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) ..... 1 (Day) ..... Year)

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Henry Sweeney

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Mary A. E. Sweeney

(Address) 1731 W. Ullman St

Filed 11/5 1907

HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1903 to Nov 4 1907

that I last saw him alive on Nov 2 1907,

and that death occurred, on the date stated above, at ..... 12 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Vernon Bull M. D.

Nov 4 1907 (Address) 1418 Light St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Hill Cem — DATE OF BURIAL: Nov 8 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E Fait

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 6178 — Registered No. Bal 6178

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Close Walkunas

{Residence, if in Baltimore, Give Street and Number.} 402 W Camden st.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 11/5 1907 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1907

I HEREBY CERTIFY, That I attended deceased from 10/16 1907 to 11/5 1907 that I last saw her alive on 11/5 1907, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) ... DAYS

Contributory (Primary.) Typhoid Fever (DURATION) ... DAYS

(Signed) J. M. H. Lee, M.D.

Address University Hospital

Date Nov 5/07. 1907

Place of Burial St Peters

Date Nov 5th 1907 1907

Undertaker L S Fink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

2113 N Pratt St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6179

C 6179

Ward 14 *Registered No. B*

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* 1418 Argyle Ave *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry W. Middleton.

{ Residence, if in Baltimore, Give Street and Number. } 1418 Argyle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	July 9 1889
AGE	18 years, 3 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Samuel N. Middleton
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Eliza Wilks
BIRTHPLACE OF MOTHER (State or country)	Washington D.C.
OCCUPATION OF DECEASED	Elevator-Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliz a Middleton

(Address) 1418 Argyle Ave

Filed 11/5 " 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Nov. 2 1907 that I last saw h~~im~~ alive on Nov. 2 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Stifler M.D.

Address 901 Myrtle Ave

Date Nov. 2 1907

Place of Burial Mt Auburn Cemetery

Date Nov 5th 1907

Undertaker J. A. Bentz

Address 1107 Druid Lane

WM. J. C. DULANY CO., BALTIMORE

Ward 3 C 6180 Registered No. B ✓

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 S. Dallas St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vaclaw Bialoskorski

{Residence, if in Baltimore, Give Street and Number.} 507 S. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wadyslaw Bialoskorski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Xawera Wasniewska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Bialoskorski

(Address) 507 S. Dallas

Filed 11/5" 1907 HARRY O. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 4 1907

that I last saw h— alive on Nov 4 1907, and that death occurred, on the date stated above, at 6.

M. CAUSE OF DEATH (Secondary or Immediate)

acute bronchitis

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Mountain M.D.

Address 160 Broadway

Date Nov 4 1907

Place of Burial Holy Rosary

Date Nov 6th 1907

Undertaker Jacob Frankowski

Address 942 S. Broad St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 6181 Registered No. B C 6181

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1742 E. Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Eliza Bush

{Residence, if in Baltimore, Give Street and Number.} 1742 E. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH July 27 1820

AGE 87 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Levin Charles

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert H Bush Per W C

(Address) 1742 E Lombard St

Filed 11/5 1907 HARRY O. ANDES PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3rd 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to Nov 3rd 1907 that I last saw her alive on Nov 3rd 1907 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) 1 DAYS

Contributory (Primary) Senility

(DURATION) 6 mos DAYS

(Signed) David W. Jones M.D.

Address 3116 O'Donnell St

Date Nov 5. 07 1907

Place of Burial Greenmount Cemetery

Date Nov 6th 1907

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6182 Registered No. B C 6182

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1326 Whatcoat St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Washington

{Residence, if in Baltimore, Give Street and Number.} 1326 Whatcoat St

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH May — 1843

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Washington her X mark

(Address) 1326 Whatcoat St

Filed 11/5 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 27 1907 to Nov 4 1907

that I last saw him alive on Nov 4 1907

and that death occurred, on the date stated above, at 6.02 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suppression of Urine

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 9 DAYS

(Signed) George C. Shannon M.D.

Address 1442 Pressman St

Date Nov. 5 1907

Place of Burial Mount Auburn

Date Nov 7 1907

Undertaker J. H. Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6183 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1351 N. Stricker St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Estella Gross

{ Residence, if in Baltimore, Give Street and Number. } 1351 N. Stricker St

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1888

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER James Gross

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Dorsey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gross

(Address) 357 N. Stricker

Filed 11/5th 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Nov 3d 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1902 to Nov 3d 1907 that I last saw h[illegible] alive on Oct 31st 1907, and that death occurred, on the date stated above, at 4.2 M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis (DURATION) 2 DAYS

Contributory (Primary.) Acute Bronchitis (DURATION) 2 Months DAYS

(Signed) Edward Adams M.D.

Address 607 N. Chase St

Date Nov 5th 1907

Place of Burial Laurel Cem

Date Nov 6th 1907.

Undertaker Saml W. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 7

Registered No. B C 6184

CERTIFICATE OF DEATH.

(Place of Death.) No. Columbia Ave Eft St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Fish

{ Residence, if in Baltimore, Give Street and Number. } Columbia Ave Eft

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 30, 1907

AGE: ..... years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Frank Fish

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary Myers.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Fish

(Address) Columbia Ave 9/0

Filed Nov 6 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 16 1907 to Nov 1 1907

that I last saw h.. alive on Nov 1 1907,

and that death occurred, on the date stated above, at 1100 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1/2 DAYS

Contributory (Primary.) Entro-Colitis

(DURATION) 18 DAYS

(Signed) F. N. Turner M.D.

Address 317 N. Carrollton Ave

Date 11/4 1907

Place of Burial Nam Cemetery

Date Nov 6 1907

Undertaker H. S. Frank

Address 213 N. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, Baltimore

Ward 14 C 6185 Registered No. B C 6185

64 2

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno P Hutson

{Residence, if in Baltimore, Give Street and Number.} 120 So Eutaw St

Duration of Residence in Baltimore. Der day 5

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hutson

(Address) 1803 S Broadway

Filed 11/6" 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28 1907

I HEREBY CERTIFY, That I attended deceased from as before 1907 to 1907

that I last saw him alive on 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hem

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R J Mullen M.D.

Coroner

Address

Date Nov 5 1907

Place of Burial Loudon Park

Date Nov 6th 1907

Undertaker John E Haught Co

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 6186 Registered No. B C 6186

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2026 Columbia ave St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Violet May Joyce

{Residence, if in Baltimore, Give Street and Number.} ~~Life time~~ 2026 Columbia ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 21st 1907

AGE ..... years, 1 months, 13 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Charles Joyce

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kennetta Lisk

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kennetta Joyce

(Address) 2026 Columbia ave

Filed 11/6 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 4 1907

that I last saw h-- alive on Nov 4 1907,

and that death occurred, on the date stated above, at 10 m

a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Congenital

Debility (DURATION) 30 DAYS

(Signed) Rozelle M.D.

Address Mt Winans

Date Nov 5 1907

Place of Burial Lorderx Park

Date Nov 6 1907

Undertaker John Hagan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

little Miss - Mt Winans

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6187 Registered No. B C 6187

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 588 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria E. Freeman

{Residence, if in Baltimore, Give Street and Number.} 588 W. Preston Street.

Duration of Residence in Baltimore. 27 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph R. Wallace

(Address) 588 W. Preston

Filed 11/6 1907

HENRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Nov 4 1907

that I last saw her alive on Nov 3 1907,

and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate) Paralysis

(DURATION) 35 DAYS

Contributory (Primary.) Shanahan

(DURATION) 35 DAYS

(Signed) C. M. Howard M.D.

Address 712 S. Stark St.

Date Nov 5th 1907

Place of Burial Mt. Auburn

Date Nov 6 1907

Undertaker Jno H. Toadvine

Address 143 Wolfe St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7D C 6188 Registered No. B C 6188

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 Gould Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Wilson 6

{ Residence, if in Baltimore, Give Street and Number. } 26 Gould Lane

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) A. A. Co Md

FULL NAME OF FATHER Levi Wilson 6

BIRTHPLACE OF FATHER (State or country) A. A. Co Md.

MAIDEN NAME OF MOTHER Romania Stewart 6

BIRTHPLACE OF MOTHER (State or country) A. A. Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Wilson 6 (Son)

(Address) 18 Gould Lane

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) Uraemia

..... (DURATION) ..... DAYS

(Signed) Geo M Steinhardt M.D.

Address Coroner

Date November 3 1907

Place of Burial Mt Auburn

Date Nov 6th 1907

Undertaker G L Brown & Son

Address 105 N. Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6189 Registered No. B C 6189

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 N. Pine St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Manzella Williams

{Residence, if in Baltimore, Give Street and Number.} 213 N. Pine St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH 1.

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Frederick Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannie Newmiker

(Address) 213 N. Pine St

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Nov 4 1907 that I last saw h alive on Nov 4 1907 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Disease of Heart

3 ps (DURATION) DAYS

Contributory (Primary.) Pulmonary Oedema (DURATION) 1 DAYS

(Signed) T. L. Norwood M.D.

Address 939 W Fayette

Date Nov 5 1907

Place of Burial Mt Auburn Cem

Date Nov. 7th 1907

Undertaker G. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12X

C 6190

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Surgeon's Residence, U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Laval Williams Bailey

{ Residence, if in Baltimore, Give Street and Number. } Surgeon's Residence, U. S. Marine Hospital

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 29 1846

AGE: 61 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: Charles Williams

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Mary Elizabeth Laval

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U.S. Marine Hospital

Filed 11/6 1907

HENRY O. ANDREWS
DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1907 to November 6 1907 that I last saw h[illegible] alive on Nov. 6 1907 and that death occurred, on the date stated above, at 1.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date November 6 1907

Place of Burial Georgetown, Georgetown Cy. SC

Date Nov 6 1907

Undertaker J. E. Jungle

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 6191 Registered No. B C 6191

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Dudrow

{Residence, if in Baltimore, Give Street and Number.} 835 N. Wolfe St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht.

DATE OF BIRTH Aug 16th 1871

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER T. Clifton Dudrow

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Alice Bromwell

BIRTHPLACE OF MOTHER (State or country) Bald

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. Clifton Dudrow

(Address) 835 N Wolfe st

Filed 11/6/07 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1907 to Nov. 3 1907

that I last saw him alive on Nov 3, 1907,

and that death occurred, on the date stated above, at 11:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

3 hours (DURATION) ... DAYS

Contributory (Primary) *Septicaemia (DURATION) dont know. DAYS

(Signed) Eugene L. Persons M.D.

Address St Joseph's Hospital

Date Nov 4 1907

Place of Burial Balto Cem ✓

Date Nov. 7th 1907

Undertaker Geo M Fink

Address 811 N Wolfe st

*Pyothoea alveolaris

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 6192

City of Baltimore, (No. 529 E. 20th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eugene D. Saylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 30 1890 (Month) (Day) (Year)

AGE: 17 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles E. Saylor

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Julia E. Hancock

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Saylor

(Address) 529 E. 20th St.

Filed 11/6 1907

HARRY O. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 3rd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 28 1907 to Nov 3 1907

that I last saw him alive on Nov 3 1907,

and that death occurred, on the date stated above, at 5.30 A. M. The CAUSE OF DEATH was as follows:

Heart Failure (Asthenia)

(DURATION) 1 DAYS

Contributory Pneumonia-Acute-

(DURATION) 7 DAYS

(Signed) Edmund Gibbs M. D.

Nov 3rd 1907 (Address) 316 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Nov 6th 1907

UNDERTAKER: Geo M. Fink

ADDRESS: 811 N. Wolfe

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 6193 Registered No. B C 6193

CERTIFICATE OF DEATH.

(Place of Death.) No. Aged Women's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Fiddis

{Residence, if in Baltimore, Give Street and Number.} 1402 W. Lexington St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Unknown 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Chestertown Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ella F. Jones Matron

(Address)

Filed 11/6 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1907 to Nov 4 1907

that I last saw her alive on Nov 3 1907.

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Atheroma a

Heart & Arteries

2 yrs (DURATION) DAYS

Con'ributory (Primary.) Asthenia

2 mos (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 937 N Fayette

Date Nov 4 1907

Place of Burial Chestertown, Md

Date Nov 6th 1907

Undertaker Geo J Smith Co

Address 1005 Pr. Dayette Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6194 Registered No. B C 6194

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1221 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha C. Berner

{Residence, if in Baltimore, Give Street and Number.} 1221 Argyle ave

Duration of Residence in Baltimore.... 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 4th 1823

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Steinmuller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Krause

(Address) Cor Howard & Camden

Filed 11/6 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to Nov 4 1907 that I last saw her alive on Nov 3 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.)

old age (DURATION) 78 DAYS

(Signed) Allen Hudc M.D.

Address 647 W Lafayette ave

Date Nov 4 1907

Place of Burial Baltimore Cemetery

Date Nov 6th 1907

Undertaker James Sinnard & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6195

Ward 10 C 6195 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1023 Carlton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon J. Wickes

{Residence, if in Baltimore, Give Street and Number.} 1023 Carlton St.

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR B.

DATE OF BIRTH 1

AGE ~~years~~ 15 months, days

SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Mary Burke

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Burke

(Address) 1023 Carlton St

Filed 11/6 1907

HENRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1907 to Some day 190

that I last saw him alive on Nov. 4th 1907

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchs. Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.) Unknown

(DURATION) DAYS

(Signed) Lewis M. Allen M.D.

Address 2242 Penn. Ave.

Date Nov. 5th 1907

Place of Burial Laurel Entry

Date Nov 6th 1907

Undertaker Felix Supple

Address 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6196

Registered No. B .....

City of Baltimore, (No. 75 S. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. C. Heise

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W—

DATE OF BIRTH: Oct (Month) 15th (Day) 1907 (Year)

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: A. C. Heise

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie C. Kissner

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. C. Heise +

(Address) 25 S. Durham St

Filed W/6 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1907 to Nov. 5th 1907

that I last saw h— alive on Nov 4 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Collapsed — (DURATION) ..... DAYS

Contributory? .....

Collapsed — (DURATION) ..... DAYS

(Signed) R. S. Kuhl M. D.

Nov. 5th 1907 (Address) 1616 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Lebanon Sweet Home Cem.

DATE OF BURIAL: Nov. 6th 1907

UNDERTAKER: Wendell Dippel & Son

ADDRESS: 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 6197 Registered No. B C 6197

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2400 Orleans St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna D. Dessel

{Residence, if in Baltimore, Give Street and Number.} 2400 Orleans St

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 21 1821

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House-work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. A Dessel

(Address) 2400 Orleans St

Filed 11/6 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to Nov 4 1907 that I last saw h[illegible] alive on Nov 4 1907 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate):

Myocarditis

(DURATION) ... DAYS

Contributory (Primary) Myocarditis

(DURATION) ... DAYS

(Signed) John Roth M.D.

Address 1007 Eastern Ave

Date Nov 6 1907

Place of Burial Mount Carmel

Date Nov 7th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6198

1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 6198

City of Baltimore, (No. 1609 Walker St — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie E Geney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 2nd 1877
(Month) (Day) (Year)

AGE: 30 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Peter Atte

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Boehm

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Atte

(Address) 1609 Walker

Filed 11/6 1907

HARRY O. ... PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 5 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1907 to Nov 5 1907

that I last saw her alive on Nov 5 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Bright's Disease

(DURATION) ..... DAYS

Contributory Convulsions

(DURATION) 1st DAYS

(Signed) Howard C. Silver M. D.

Nov 6 1907 (Address) 1914 Bolton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto. Cem.

DATE OF BURIAL: 11/7 1907

UNDERTAKER: J Henry Jones

ADDRESS: 2108 Gilmore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 6199 Registered No. B C 6199

CERTIFICATE OF DEATH.

(Place of Death.) No. 99 Crowthers Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Williams E. Davis

{Residence, if in Baltimore, Give Street and Number.} 99 Crowthers Alley

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 27 1903
AGE	1 years, 2 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Harry M. Davis
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	L. V. Spencer
BIRTHPLACE OF MOTHER (State or country)	Carroll Co Md
OCCUPATION OF DECEASED	Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H M Davis

(Address) 99 Crowthers Alley

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Nov 5 1907 that I last saw h im alive on Nov 4 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

E. Lanahan

(DURATION) 8 DAYS

Contributory (Primary) Exanition (DURATION) 8 hours

(Signed) Stanley Ivie M.D.

Address 340 Roland Ave

Date Nov 6 1907

Place of Burial St Mary H

Date Nov 6 1907

Undertaker A S Marshall

Address 3539 Falls Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6200 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Moore

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/6 ..... 190 7 HARRY O. ARLINGTON, PERMIT CLERK (Par)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1907 to Nov 5 1907

that I last saw h.. alive on Nov. 6 1907

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Senility

..... (DURATION) — DAYS

(Signed) Jeff C. Bay M.D.

Address Bay View

Date Nov. 6 1907

Place of Burial Holy Cross R R Co

Date Nov 7th 1907

Undertaker E. G. Hall

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 6201 Registered No. Bad 9 C 6201 43

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Barnes

{ Residence, if in Baltimore, Give Street and Number. } 603 Collet st

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: July 10, 1893

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: David Bond

BIRTHPLACE OF FATHER (State or country): Eastern Shore

MAIDEN NAME OF MOTHER: Rebecca Sears

BIRTHPLACE OF MOTHER (State or country): Arapkis

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Bonds

(Address) 306 Collet St

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3, 1907

I HEREBY CERTIFY, That I attended deceased from 10/29 1907 to 11/3 1907 that I last saw him alive on 11/3 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

..... (DURATION) ..... DAYS

Con'tributory (Primary) Double Lobar Pneumonia (DURATION) ..... DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Nov 4 1907

Place of Burial Mt Zion

Date Nov 6 1907

Undertaker Pickelliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 4 Registered No. B C 6202

C 6202

CERTIFICATE OF DEATH.

7 K

(Place of Death.) No. City Hospital Md Lyeing In Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard J Mary Stewart

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH Nov 3 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary Stewart

BIRTHPLACE OF MOTHER (State or country) Jos N. Calvert St

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/6 1907 HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 4 1907

that I last saw h in alive on Nov 4 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) ..... DAYS

Contributory (Primary.) Unknown

(DURATION) ..... DAYS

(Signed) H W Baker M.D.

Address City Hospital

Date 1907

Place of Burial COLLEGE OF P. & S

Date NOV 4 1907

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6203 Registered No. B C 6203

CERTIFICATE OF DEATH. 137

(Place of Death.) No. 2nd. Ken. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Miller

{Residence, if in Baltimore, Give Street and Number.} 1337 Lindyear St.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Colored

DATE OF BIRTH 1

AGE 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frank Miller

BIRTHPLACE OF FATHER (State or country) Pendleton

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Presstman

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1907

I HEREBY CERTIFY, That I attended deceased from 10-25 1907 to 11-1-1907 that I last saw h-er alive on 11-1 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pentrate.

(DURATION) 3 DAYS

Contributory (Primary.) Septicaemia

following Miscarriage (DURATION) 10 DAYS

(Signed) W. W. Brown M.D.

Address 2nd. Ken. Hosp.

Date Nov. 2. 1907

Place of Burial Laurel

Date Nov the 4 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 6204 C 6204

CERTIFICATE OF DEATH. 27 -

(Place of Death.) No. 720 S. Lucern St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agusta Meyers

{Residence, if in Baltimore, Give Street and Number.} 720 S. Lucern

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 18th 1858

AGE 49 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Michael Kruger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie J. Myer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Myer

(Address) 720 S. Lucern St.

Filed 11/6 1907

HENRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Oct 31 1907 that I last saw her alive on Oct 31 1907, and that death occurred, on the date stated above, at 6.17 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T.B

about 2 yrs (DURATION) DAYS

Contributory (Primary.) Anthemia

one month (DURATION) DAYS

(Signed) W. L. Burke M.D.

Address 3042 Hudson

Date Nov 5 1907

Place of Burial Pt Evangelic Cem

Date Nov. 6 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 6205 Registered No. B C 6205 ✓

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CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Friedrick

{Residence, if in Baltimore, Give Street and Number.} 618 S. Bethel st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 27 11 1853

AGE 54 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Carrigan

(Address) 307 O'Donnell St E.

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 4 1907

that I last saw h alive on Nov 3 1907,

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Sepsis with general peritonitis

(DURATION) 4 DAYS

Con ributory (Primary.) Ruptured, ven tral hernia (DURATION) 4½ DAYS

(Signed) John F. Wood M.D.

Address St Josephs Hospital

Date November 4 1907

Place of Burial St Evangelic Cem

Date Nov. 6 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1705-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 6206 Registered No. B C 6206

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie N. Wehrman

{Residence, if in Baltimore, Give Street and Number.} 723 W. Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 1 years, 8 months, — days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John H. Wehrman

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Agnes M. McGarvey

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Agnes Wehrman

(Address) 723 W Lexington St

Filed 11/6 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Nov 5 1907

that I last saw her alive on Nov 4 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia, Convulsions

1 month. (DURATION) DAYS

Con'tributory (Primary.) Pneumonia 1 month. (DURATION) DAYS

(Signed) E. A. Munro M.D.

Address Bulto Heil Dispensary 651 W. Lexington St.

Date 11/6 1907

Place of Burial St Peters

Date 11/7 1907

Undertaker Wm J Schulemburg

Address 91 Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6207 Registered No. B ..... C 6207

CERTIFICATE OF DEATH. 784

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Ensle (Ensele)

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 5 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): B

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 25 1907 to Nov 4 1907 that I last saw h alive on Nov 4 1907 and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac dilitation

..... (DURATION) ..... DAYS

Contributory (Primary.) Endo. carditis

..... (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Nov. 5 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 6 1907 1907

Undertaker Wm. J. Wooden

Address 78 W. Aisquith St.

FOR ANATOMICAL PURPOS

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 6208

City of Baltimore, (No. 1914 Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August C. Slunt

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept — 27 (Month) (Day) 1850 Year)

AGE 57 years, 1 months, 9 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Slunt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Slunt

(Address) 1914 Ramsay

Filed 11/6 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Nov 5 1907

that I last saw h wife alive on Nov 5 1907,

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage (Apoplexy)

Paralysis of right Side

(DURATION) 1 DAYS

Contributory Paralysis 5 Yrs ago.

(DURATION) DAYS

(Signed) A. F. Laxton M. D.

Nov 6 1907 (Address) 432 N Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Nov 8, 1907

UNDERTAKER Jos B Cook

ADDRESS 1003 N Bath

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date

Ward 17 C 6209 Registered No. B [illegible] C 6209

CERTIFICATE OF DEATH.

176

(Place of Death.) No. Fnd. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace M. Poplan

{Residence, if in Baltimore, Give Street and Number.} 803 Edmondson Ave.

Duration of Residence in Baltimore. 8 yrs C6209

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Kansas.

FULL NAME OF FATHER: Geo H Hawkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary E Holland

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Hawkins

(Address) 803. Edmondson Ave

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Stroke of Hemorrhage

Had three hrs (DURATION) ..... DAYS

Contributory (Primary), Chronic abscess Kidneys and (DURATION) Annuals DAYS

(Signed) Silas Baltimore M.D.

Address 700 Log. Ave (Govans)

Date Nov. 8th 1907

Place of Burial Western Cem

Date November 7 1907

Undertaker J B Cook

Address 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6210 Registered No. B C 6210

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Margaret Sitting

{Residence, if in Baltimore, Give Street and Number.} 1442 S. Charles St

Duration of Residence in Baltimore. 60 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 10-a 1823

AGE: 84 years, 11 mont's, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: Henry Goetze

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Louisa Ultermiller

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Sitting

(Address) Ft. Washington

Filed 11/6 1907 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Nov 4 1907

that I last saw h-r alive on Nov 4 1907,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) F. W. Hatchet M.D.

Address Franklin Square Hospital

Date Nov 4th 1907

Place of Burial St Paul Cem

Date Nov 7th 1907

Undertaker C. Schuman & Son

Address 134 Hanover st.

WM. J. C. DULANY CO., Engravers

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6211

Registered No. B .....

City of Baltimore, (No. 115, East Cross St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa B. Dorr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 27th 1848 (Month) (Day) (Year)

AGE: 59 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Gary

FULL NAME OF FATHER: Jacob Bertram

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwig H. Dorr

(Address) 115 E Cross st

Filed 11/6 1907 HARRY G. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 1906 to Nov. 5 1907 that I last saw her alive on Nov 4 1907, and that death occurred, on the date stated above, at 11.10 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) Yrs DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) A. G. Barrett M. D.

11/6 1907 (Address) 16 31 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Nov 8 1907

UNDERTAKER: E Schleman Son

ADDRESS: 1024 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — C 6212 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2022 E. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank J. Hess

{ Residence, if in Baltimore, Give Street and Number. } 2022 E. Lombard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 3 1887

AGE: 20 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank J. Hess

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Kate M. Friel

BIRTHPLACE OF MOTHER (State or country): Covington Va.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate M. Hess

(Address) 2022 E. Lombard St

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Nov 3 1907 that I last saw him alive on Nov 3 1907 and that death occurred, on the date stated above, at 9.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) John Roth M.D.

Address 607 Eastern Ave

Date Nov 4 1907

Place of Burial New Cathedral Cemetery

Date Nov. 7 1907

Undertaker Germanus Thanner

Address Bentz & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 6215 Registered No. B C 6212

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 Jenkins Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ward

{Residence, if in Baltimore, Give Street and Number.} 17 Jenkins Lane

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 49 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant —

(Address) —

Filed 11/6 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis (Duration) ... DAYS

Contributory (Primary.) ... (Duration) ... DAYS

(Signed) Gregg Carruthers M.D.

Address Coroners Office

Date Nov. 5 1907

Place of Burial Cathedral Cemetery

Date Nov. 7 1907

Undertaker Hank & Margaret & Filyaw

Address 42 E. West St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C 6214 Registered No. B C 6214

CERTIFICATE OF DEATH.

(Place of Death.) No. 911 N Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Speed

{Residence, if in Baltimore, Give Street and Number.} 911 N Carrollton ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 25 1840

AGE 67 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas Mayers

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Davis

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C A Speed

(Address) 911 N Carrollton Ave

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 4 1907 that I last saw her alive on Nov 4 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) [illegible] DAYS

Contributory (Primary.) age

(DURATION) DAYS

(Signed) David Streett M.D.

Address 712 Park ave

Date Nov 6 1907

Place of Burial London Park

Date Nov 7 1907

Undertaker Wm J. Tuckner & Sons

Address Carrollton Pace

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6215 Registered No. B C 6215

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John A Young

{Residence, if in Baltimore, Give Street and Number.} Bay View 21 W Hill St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bank Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/8 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to Nov. 5 1907

that I last saw h~~im~~ alive on Nov. 4 1907

and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Nov. 5 1907

Place of Burial London Park

Date Nov 7 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6216 Registered No. B C 6216

CERTIFICATE OF DEATH.

151 L

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Wilson

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH Sept 29 1907

AGE — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincent Asylum

(Address)

Filed 11/ 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3-d 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 4 1907 that I last saw h alive on " 1907, and that death occurred, on the date stated above, at 2 m. 2 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas. F. Finlay M.D.

Address 9. E. Biddle St.

Date Nov 3-d 1907

Place of Burial New Cathedral

Date November 6 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6217 Registered No. B C 6217

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Ursuline Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gloria Fight -

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 21st 1907

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincent Asy.

(Address)

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 2nd 1907 that I last saw h[illegible] alive on " 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Malnutrition

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Finlen M.D.

Address 9. E. Biddle St.

Date Nov 5 1907

Place of Burial New Cathedral

Date November 6 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6218 Registered No. B [illegible] 93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Cooney

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	White
DATE OF BIRTH	March 7 1907
AGE	..... years, 8 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Superior

(Address) .....

Filed 11/6 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 4 1907

that I last saw h[illegible] alive on " 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia, Lobar

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fuller M.D.

Address 9. E. Biddle St

Date Nov 6th 1907

Place of Burial Greenmount St. Mary's

Date Nov 7th 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 6219 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 N Bond St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victoria Rietdorf

{Residence, if in Baltimore, Give Street and Number.} 1122 N Bond St

Duration of Residence in Baltimore. 53 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 18 1836

AGE: 70 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lewis Bordekern

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rietdorf

(Address) 1122 N Bond

Filed 11/6 1907 HARRY O. ANDREWS; PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Nov 5 1907

that I last saw her alive on Nov 5 1907

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver.

(DURATION) 365 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) Edw. J Cook M.D.

Address 1244 N Bond St

Date 11-5-07 1907

Place of Burial Loudon Park

Date Nov 8 1907

Undertaker Robt J Turner

Address 1742 W Woodbay

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 6220 Registered No. B 159

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George H. Popleau

{Residence, if in Baltimore, Give Street and Number.} 2020 E. Chase

Duration of Residence in Baltimore, Life yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Unknown 1

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. J. Popleau

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rebecca Lowcanday Hopleau

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Popleau

(Address) 2020 E. Chase

Filed 11/6 1907 HARRY J. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate

Pistol shot

(DURATION) ½ hr DAYS

Contributory (Primary.) Suicide

(DURATION) ..... DAYS

(Signed) Silas Baltimore M.D.

Address 700 Log. ave. (Canton)

Date Nov. 4th 1907

Place of Burial Baltimore Cemetery

Date Nov 8 1907

Undertaker Robt J. Turnbull

Address 1442 N. Paca,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6221 Registered No. B C 6221

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 1804 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Rogers

{Residence, if in Baltimore, Give Street and Number.} 1804 E. Pratt St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1848

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Dennis Rogers

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Brogan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Brogan

(Address) 1804 E. Pratt St.

Filed 11/7 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November - 5 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov - 2 1907 to Nov. 4 1907

that I last saw her alive on Nov - 4 - 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Con'ributory (Primary) Cirrhosis of Liver

(DURATION) [illegible] DAYS

(Signed) Pierce G. Dausch M.D.

Address 121 - Jackson Square

Date November - 6 - 1907

Place of Burial St. Peters Cem.

Date Nov. 7th 1907

Undertaker Geo. F. Thomas

Address Baker Town Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6222

City of Baltimore, (No. 1435 W Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alexander McKenzie,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 73 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Wm. McKenzie.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Cassendra Jones.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Retired Foreman-B&O.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Stanard

(Address) 1435 W Franklin St

Filed 11/7 1907

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 6th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1907 to Nov 6th 1907, that I last saw him alive on Nov 6th 1907, and that death occurred, on the date stated above, at 11 ~~12~~ M. The CAUSE OF DEATH was as follows:

Apoplexy.

36 hours (DURATION) ..... DAYS

Contributory Acute Indigestion

..... (DURATION) ..... DAYS

(Signed) John L. Frost, M. D.

Nov 7 1907 (Address) 662 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Nov 9 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E North

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 6223 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1419 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown

AGE 26 years, 10 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Edw J Crook

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Katherine Campbell

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Schmidt

(Address) 1419 W Lombard St

Filed 11/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to Nov 5 1907

that I last saw h[illegible] alive on Nov 5 1907,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 7 DAYS

(Signed) W. J. Kaster M.D.

Address 825 W. North Ave

Date Nov 6 1907

Place of Burial Western Cemetery

Date November 7th 1907

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C 6224

City of Baltimore, (No. 25 S. Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arthur C. Heise

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct — 15 1907 (Month) (Day) (Year)

AGE: ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Bucks —

FULL NAME OF FATHER: Arthur C. Heise

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie Kissner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. C. Heise

(Address) 25 S. Durham St

Filed 11/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Nov 5 1907

that I last saw h[illegible] alive on Nov 5th 1907

and that death occurred, on the date stated above, at 7:15 A. M. The CAUSE OF DEATH was as follows:

Inanition (DURATION) ..... DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) P. S. Kurtz M. D.

Nov 6 1907 (Address) 1610 E. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St. Alphonsus Cem. DATE OF BURIAL: Nov. 7 1907

UNDERTAKER: Rudell Sippel & Son ADDRESS: 330 S. Bond

WM. J. C. DULANY CO., BALTIMORE

Ward 7

C 6225

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 901 S. Chas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Iglehart.

{ Residence, if in Baltimore, Give Street and Number. } 14 E. Henrietta

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 23 1852

AGE: 54 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Iglehart

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugenia Iglehart

(Address) 14 E Henrietta St

Filed 11/7 1907

HARRY O. INGRAM, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 4 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Nov 4 1907 that I last saw him alive on Nov 3 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Int. Nephritis

asthenia.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W B Burch M.D.

Address 828 N. Carrollton Ave

Date Nov 4 1907

Place of Burial LOUDON PARK. NOV 7 - 1907

Date 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. BC 6226

CERTIFICATE OF DEATH.

(Place of Death.) No. 1553 Friendsbury Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry H. Kuhn.

{ Residence, if in Baltimore, Give Street and Number. } 1553 Friendsbury Place

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 20 1882

AGE: 25 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Anthony Kuhn

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Anna C. Kuhn

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Kuhn

(Address) 1553 Friendsbury Place

Filed 11/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6 1907

I HEREBY CERTIFY, That I attended deceased from 8/26 1907 to Nov. 6 1907

that I last saw h-- alive on " 6 1907,

and that death occurred, on the date stated above, at P. 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

About (DURATION) 18 DAYS

Contributory (Primary.) Perforation ? (DURATION) 1 DAYS

(Signed) Chas. C. Conser M.D.

Address 1113 N. Fulton Ave

Date Nov. 6 1907

Place of Burial Loudon Park

Date November 9 1907

Undertaker Wm Andrew Rohde

Address 730 Penna ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6227

City of Baltimore, (No. 106, N. Carlton St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Mary Rapp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 1st 1827 (Month) (Day) (Year)

AGE: 80 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Rapp

(Address) 106 N. Carlton St

Filed 11/7/ 190 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 6th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 31 1907 to Nov. 6th 1907 that I last saw her alive on Nov. 6 1907, and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) 6 DAYS

Contributory ———

(DURATION) ——— DAYS

(Signed) J. D. Moms M. D.

Nov 6th 1907 (Address) 221 N. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ———

How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: Nov 10 1907

UNDERTAKER: Geo J Smith

ADDRESS: 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward D C 6228 Registered No. B C 6228

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 S. High St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sybilla Gardner.

{Residence, if in Baltimore, Give Street and Number.} 13 S. High St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1844

AGE 83 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Do not Know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 13 S. High St.

Filed 11/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5" 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 1907 to Nov. 5 1907

that I last saw h[illegible] alive on Nov 5 1907, and

and that death occurred, on the date stated above, at 5.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Fracture of Femur

Influenza

Hypostatic Congestion

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred T. Mayer M.D.

Address 1500 Eutaw Place

Date 190

Place of Burial London Park Cemetery

Date November 8" 1907

Undertaker Evans & Grayce

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C Registered No. B 158

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Miles.

{Residence, if in Baltimore, Give Street and Number.} 914 E Biddle St

Duration of Residence in Baltimore. Life C 6229

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 7 1851

AGE 56 years, ... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John T. Miles

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen McGovern

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 914 E. Biddle St.

Filed 11/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 2nd 1907 to Nov. 5th 1907

that I last saw him alive on Nov. 4th 1907,

and that death occurred, on the date stated above, at 7.12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary.) Biliary Calculi. 1

(DURATION) DAYS

(Signed) Howard Inglehart M.D.

Address 539 N Carrollton Ave

Date November 5th 1907

Place of Burial Loudon Park Cem.

Date Nov. 8" 1907

Undertaker Evans & Spence

Address 118 to 120 W. Mt. Royal Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 6230 Registered No. B

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 2831 Woodbrook ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret D. Suter

{ Residence, if in Baltimore, Give Street and Number. } 2831 Woodbrook ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 9, 1835

AGE 72 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Penna.

FULL NAME OF FATHER William W. Beecher

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Maria Guthrie

BIRTHPLACE OF MOTHER (State or country) Penna.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marian Beecher

(Address) 2831 Woodbrook Ave

Filed 11/7 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Nov 5th 1907

that I last saw her alive on Nov 5th 1907 and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) 3 DAYS

Contributory (Primary) Grippe

(DURATION) 6 DAYS

(Signed) C. K. Jump M.D.

Address 1415 Madison ave

Date Nov 6th 07 190

Place of Burial Spesutia Harford Co Md

Date November 8 1907

Undertaker Harry W. Ehlen

Address 194 W. North ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 8th — C 6231 — Registered No. B C 6231

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1633 Bell Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Monica Gorman

{Residence, if in Baltimore, Give Street and Number.} 1633 Bell ave,

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 23 1907

AGE — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER N. McGruder Gorman

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Grace A. Delaney

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Copper

(Address) 1633 Bell Ave,

Filed 11/7 1907. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Nov 6 1907

that I last saw h.. alive on Nov 6 1907,

and that death occurred, on the date stated above, at 11 4 M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Congestion of Lungs

(DURATION) 24 Hrs DAYS

Contributory (Primary.) Mal. Nutrition

(DURATION) 4 DAYS

(Signed) R. E. Campbell M.D.

Address 1644 N. Gamon St.

Date Nov 6 1907

Place of Burial St. Peters

Date Nov. 8th 1907

Undertaker John L. Fields

Address 120 N. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 6233 Registered No. B C 6233

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 324 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Libbia Tanner

{Residence, if in Baltimore, Give Street and Number.} 324 N. Carey St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 29th 1880

AGE: 27 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John L Hoff

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

MAIDEN NAME OF MOTHER: Amanda Evans

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Tanner

(Address) 3 N Carey St.

Filed 11/7 1907

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5th 1907

I HEREBY CERTIFY, That I attended deceased from October 27 1907 to November 5 1907 that I last saw her alive on November 5 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis, Mitral Regurgitation

(DURATION) 8 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) Robt. J. Murray M.D. M.D.

Address 516 N. Fremont Ave.

Date November 7th 1907

Place of Burial Patapsco Cemetery

Date Nov. 8 1907

Undertaker W. Maurice Routzahn

Address 230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C 6233 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 N Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marvin Keagle

{Residence, if in Baltimore, Give Street and Number.} 825 N Wolfe

Duration of Residence in Baltimore. Life C 6233

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Apl 6 1903

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md Balto

FULL NAME OF FATHER Chas F Keagle

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lilly Zimmerman

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Keagle

(Address) 825 N Wolfe

Filed 11/7 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (age)

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Leigh Carmichael M.D.

Address Govans Md

Date Nov 7 1907

Place of Burial Mt Carmel

Date Nov 7 1907

Undertaker Call & Zeigler

Address 1427 N. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15 F

CERTIFICATE OF DEATH.

Registered No. B C 6234

City of Baltimore, (No. 714 N. Vincent ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stepson of Hannah Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Albert Browne

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Johnson

(Address) 714 Vincent ave

Filed 11/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) ..... DAYS

Contributory Premature birth

(DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Nov 7th 1907 (Address) 700 Eager ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel, Md	Nov 9th 1907
UNDERTAKER	ADDRESS
Wm L. H. Gaither	1017 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W

C 6235

Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. # 710 N. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Finney

{Residence, if in Baltimore, Give Street and Number.} # 710 N. Saratoga St.

Duration of Residence in Baltimore. 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: W C

DATE OF BIRTH: 1876

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Louis Cosse

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Edie Hoffer

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Finney

(Address) 710 N. Saratoga St

Filed 11/7 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1907 to Nov. 5 1907

that I last saw her alive on Nov 5 1907,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) 7 weeks DAYS

Contributory (Primary) Sub-Acute Bronchitis

(Last winter) (DURATION) 3 weeks DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date November 5 1907

Place of Burial Laurel Cem

Date Nov 8th 1907

Undertaker Jas. F. Chase & Son

Address 1211 N. Calhoun St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the deceased, and the *cause and date of death*.

Ward 4 C 6236 Registered No. B C 6236

CERTIFICATE OF DEATH.

124

(Place of Death.) No. Maryland Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Lynn

{Residence, if in Baltimore, Give Street and Number.} Belcamp. Harford Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank S. Lynn

(Address) Maryland Hospital

Filed 11/7 1907 HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 1907

I HEREBY CERTIFY, That I attended deceased from October 11 1907 to Nov 4 1907 that I last saw him alive on Nov. 4 1907, and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 14 DAYS

Contributory (Primary) Urethral stricture (DURATION) 20 years

(Signed) Frank S. Lynn M.D.

Address University Hospital

Date Nov. 7 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 7 - 1907 190

Undertaker Commissioner Health, Health Department

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

247

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6256 Registered No. B 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 2732. St. Paul St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis C. Roehle

{Residence, if in Baltimore, Give Street and Number.} 2732 St. Paul St.

Duration of Residence in Baltimore. 40 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 30, 1850

AGE: 57 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian C. Roehle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Brade

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jos. Byrnes

(Address) 2732 St. Paul St.

Filed 11/7 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1890 to Nov 4 1907

that I last saw him alive on Nov 4 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 2 DAYS

Contributory (Primary.) General Paresis

About 12 yrs (DURATION) DAYS

(Signed) Geo J. Preston M.D.

Address 819 N. Charles St

Date Nov 6 1907

Place of Burial Loudon Park Cemetery

Date Nov. 8 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C6238

Nursing

Ward 10 C 6239 Registered No. B [illegible]

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1137 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy J. Gallagher

{Residence, if in Baltimore, Give Street and Number.} 1137 N. Stricker

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 13th 1906

AGE: ..... years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Harry G. Gallagher

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Rose Bohaman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry G. Gallagher

(Address) 1137 N. Stricker St.

Filed 11/7 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22d 1907 to Nov 6 1907

that I last saw her alive on Nov 6 1907 at 3.20 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Nov. 6. 1907

Place of Burial London Park

Date Nov. 8th 1907

Undertaker G. F. Walker

Address 723 Olaf ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6240 Registered No. Bed 11 v

93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Samuel Gay

{Residence, if in Baltimore, Give Street and Number.} 15 Looney Lane

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samel Gay

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza a Lindsay

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 15 Looney Lane

(Address) Eliza a Gay

Filed 11/7/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1907

I HEREBY CERTIFY, That I attended deceased from 11/5 1907 to 11/5 1907 that I last saw h[illegible] alive on 11/5 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(Double) (DURATION) 4 DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Nov 6 1907

Place of Burial ~~Bonney Bros~~ Cathedral Cem

Date Nov 8 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

174

(Place of Death.) No. Warner a Ostend Sts ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wesley Edwards 6

{ Residence, if in Baltimore, Give Street and Number. } 821 Leadenhall St

Duration of Residence in Baltimore. 3 yrs C 6241

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Dont know I

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): A. A. Co Md

FULL NAME OF FATHER: Jacob Edwards 6

BIRTHPLACE OF FATHER (State or country): A A Co Md

MAIDEN NAME OF MOTHER: Louisa Reynolds 6

BIRTHPLACE OF MOTHER (State or country): A. A Co Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Edwards Son

(Address) Sollers P O A A Co Md

Filed Nov 8th 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 4 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907 to 1907~~

that I last saw h ~~alive~~ on 1907

and that death occurred, on the date stated above, at 8 A M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Leintradt M.D.

Address Coroner

Date November 7, 1907

Place of Burial Solley Anne Arundel Co.

Date NOV 8 - 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Sarah Tamres.

{ Residence, if in Baltimore, Give Street and Number. } 1224 McElderry St

Duration of Residence in Baltimore. 6 mos. C 6242

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abraham Silver

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Plufsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Tamres

(Address) 1224 McElderry st

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 8th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 8th 1907 that I last saw h[illegible] alive on Nov 8 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia from Colon Insufficiency

(DURATION) 7 DAYS

Contributory (Primary.) Colon Insufficiency

(DURATION) 8 DAYS

(Signed) Theo. Bagby M.D.

Address Hebrew Hospital

Date Nov. 8th 1907

Place of Burial Hebrew Philadelphia Cemetery

Date Nov. 10 1907

Undertaker J Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1500

CERTIFICATE OF DEATH.

Registered No. BC 6243

City of Baltimore, (No. 223, Roland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Henry Dies.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: Nov. (Month) 7 (Day) 1907 (Year)

AGE: ~~Two~~ (2) years, ... months, Seven days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Dies

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Edith Barbetta.

BIRTHPLACE OF MOTHER (State or country): Balto Co Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father 2249 Roland Ave.

(Address) 2249 Roland Ave

Filed 11/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from at Birth Nov 7 1907 to ..... 190..

that I last saw him alive on Nov 7 1907

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Premature Birth (with ... of Gestation) with Spina Bifida of ... Lumbar Area. (DURATION) ... HOURS

Contributory Child Lived two hours (DURATION) ... DAYS

(Signed) H. A. Culley M. D.

Nov 7 1907 (Address) 3849 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Nov 8 1907

UNDERTAKER: Wm E Chenoweth & Son

ADDRESS: 919 3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH.

Registered No. B C 6244

City of Baltimore, (No. 954 Argyle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Winkes.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 8 (Month) (Day) 1907 (Year)

AGE: ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Anthony Winkes.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary Coakley.

BIRTHPLACE OF MOTHER (State or country): Texas Balto Co Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Anthony Winkes

(Address) 954 Argyle St.

Filed 11/8 1907

HARRY O. ARDINGER
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 6. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 28 1907 to Nov. 6 1907

that I last saw him alive on Nov. 6 1907,

and that death occurred, on the date stated above, at 11.20 a. m. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 2 DAYS

Contributory Acute Catarrhal Bronchitis (DURATION) 10 DAYS

(Signed) Mary F Coughlin M. D.

Nov. 10 1907 (Address) 1028 Valley St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Alphonsus Cemetery	Nov. 8 1907
UNDERTAKER	ADDRESS
Henry Stoeckhert	1301 E. Eager

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C 6245

Registered No. B

City of Baltimore, (No. German Aged House St.; 7 Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Johann Christ Linneman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July (Month) 20 (Day) 1830 (Year)

AGE 77 years, 4 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Hessen Frankenhausen

FULL NAME OF FATHER Johannes Linneman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdalena

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Records of German House

(Address) W. Balto St

Filed 11/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 6 1907 that I last saw him alive on the 6th of Nov 1907, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Uraemia. Retention of urine

(DURATION) 5 DAYS

Contributory Profuse diarrhoea

(DURATION) 3 DAYS

(Signed) H. F. Reinhard M. D.

Nov 6 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western — DATE OF BURIAL Nov 8 1907

UNDERTAKER J. B. Cook — ADDRESS 1003 W. Balto St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6246

City of Baltimore, (No. Herman Aged Home St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Woods

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 27 (Day) 1830 (Year)

AGE: 72 years, 2 months, 11 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Ethel

BIRTHPLACE OF FATHER (State or country): Alexandria Va

MAIDEN NAME OF MOTHER: Catherine Rickens

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record Herman Aged Home

(Address) W. Baltimore St.

Filed 11/8 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1907 to Nov 7th 1907 that I last saw h on alive on Nov 5th 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Arteriosclerosis. Gastric ulcer.

(DURATION) DAYS

Contributory Weak heart

(DURATION) DAYS

(Signed) H. C. Reinhard M. D.

Nov 8 1907 (Address) 1900 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Nov 9 1907

UNDERTAKER: J. B. Cook

ADDRESS: 1137 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 6247 Registered No. B 137

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Dora Schumaker

{Residence, if in Baltimore, Give Street and Number.} 827 William St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. COLOR W

DATE OF BIRTH July 29 1885

AGE 22 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) U.S.

FULL NAME OF FATHER Fred Schoenewolf

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Augusta Wenzel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Mrs Mathews

Address 827 William

Filed 11/8 1907 HARRY O. ISAACS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Nov 7 1907

that I last saw h alive on Nov 7 1907

and that death occurred, on the date stated above, at 2.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Puerperal Septicemia

(DURATION) 30 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 10 DAYS

(Signed) W R Baker M.D.

Address Bay View Hospital

Date 190

Place of Burial LOUDON PARK. NOV 9 - 1907

Date 190

Undertaker Armstrong Dulany Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 6248 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 N. High st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Simon Ginsberg

{ Residence, if in Baltimore, Give Street and Number. } 123 N. High st.

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1.....

AGE 76 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Williams Ginsberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachil Wolfit

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Khitz Ginsberg

(Address) 1741 N Eaux st

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Nov. 7 1907 that I last saw h im alive on , 1907, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Failing heart

One year (DURATION) DAYS

Contributory (Primary.) Asthma

4 days (DURATION) DAYS

(Signed) A. J. Gordon M.D.

Address 918 E. Fayette

Date Nov. 8 1907

Place of Burial Hebrew Blair Rd Cemetery

Date November 8, 1907

Undertaker Max Levinson

Address 1620 N Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 6249
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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6249

Registered No. B .....

City of Baltimore, (No. 616 Wyeth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis J. Wagner

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Apr. (Month) 25 (Day) 1906 (Year)

AGE: 1 years, 6 months, 9 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Louis J. Wagner

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary V. Kroeger

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Wagner

(Address) 616 Wyeth St.

Filed 11 8 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1907 to Nov 6 1907 that I last saw h[illegible] alive on Nov 6 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Gastritis

(DURATION) 3 DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) Edw Grumpler M. D.

Nov 7 1907 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Balto. Cem.

DATE OF BURIAL: Nov. 8 1907

UNDERTAKER: H. J. Dill & Son

ADDRESS: 746 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

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(Place of Death.) No. 2729 Dillon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christian H. Beugel

{Residence, if in Baltimore, Give Street and Number.} 2729 Dillon St.

Duration of Residence in Baltimore. Life

C 6250

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 5th 1907

AGE: — years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Conrad Beugel

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence Clark

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Conrad Beugel

Address: 2729 Dillon St

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1907 to Nov 7 1907

that I last saw him alive on Nov. 6 1907

and that death occurred, on the date stated above, at 6.25 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 3 mo. DAYS

Contributory (Primary) Inanition (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caster St

Date Nov. 7 1907

Place of Burial 1st Evangelical Cem

Date November 9th 1907

Undertaker H. Lauder & Sons

Address 1710 Linden Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6251 Registered No. B 54

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 Cookseè St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman Rinkle

{Residence, if in Baltimore, Give Street and Number.} 1401 Cookseè St.

Duration of Residence in Baltimore. 24 years C 6251

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 4 1880
AGE	27 years, 3 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Chas. Rinkle
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Louise Kraft
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Rinkle

(Address) 1401 Cookseè St

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6. 1907

I HEREBY CERTIFY, That I attended deceased from May 15th 1907 to Nov. 6 1907

that I last saw him alive on Nov 6 1907

and that death occurred, on the date stated above, at 3.05 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pernicious anemia (DURATION) 170 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J K Ahn M.D.

Address 1510 E. Fort Ave

Date Nov. 7 1907

Place of Burial Cedar Hill Cem.

Date November 8 1907

Undertaker H. Snyder Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 841 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Louise Savignol

{ Residence, if in Baltimore, Give Street and Number. } 841 Forrest st

Duration of Residence in Baltimore. Life C6252

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 28th October 1883

AGE 24 years, ~~months~~, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William L. Savignol

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Margaret Lynch

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Savignol.

(Address) 841 Forrest St.

Filed 11/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1907 to Nov. 6th 1907 that I last saw h[illegible] alive on Nov. 6th 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. O'Hara M.D.

Address 1033 Edmondson Ave

Date November 7th 1907

Place of Burial New Cathedral

Date November 9th 1907

Undertaker Hy M. Jenkins & Sons Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. BC 6253

City of Baltimore, (No. #12. Old York Road. St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benj. Downey.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): North Carolina.

FULL NAME OF FATHER: David Downey

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary Olney.

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thomas Downey.

(Address) 12 Old York Road.

Filed 11/8 1907

HARRY O. [illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 6th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1907 to Nov. 6 1907 that I last saw h[illegible] alive on Nov. 6 1902, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Apoplexy,

6 hrs. (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H. J. Stricklen Jr M. D.

Nov. 7 1907 (Address) 811 Gouch ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 8 1907

UNDERTAKER: Felix B. Pye. — ADDRESS: 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 C 6254 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William a Thomas

{Residence, if in Baltimore, Give Street and Number.} 138 Chestnut St

Duration of Residence in Baltimore. about 50 years C6254

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1842

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Goldsborough

(Address) 1730 Madison St

Filed 11/8 1907

HARRY O. ANDROS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Oct 8th 1907 that I last saw h alive on Oct 8 1907, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.) Surrounding organs living (DURATION) DAYS

(Signed) W. Wilson M.D.

Address 1220 E. Fayette

Date Nov 7th 1907

Place of Burial National Cemetery

Date Nov 8th 1907

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6255 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 Canton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Dazynska

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 12 1906

AGE: 1 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Adam Dazynski

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Franzis Kowalewska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Dazynski

(Address) 1734 Canton av

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Nov 7 1907 that I last saw h[illegible] alive on Nov 7 1907, and that death occurred, on the date stated above, at 11.45

I. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis (DURATION) 6 DAYS

Contributory (Primary.)

Convaltion (DURATION) 2 DAYS

(Signed) J. Szuwalski M.D.

Address 722 S Ann st

Date November 8 1907

Place of Burial Holy Rosary.

Date Saturday Nov 9 1907

Undertaker M. F. Vadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. 1519 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda Musselman

{Residence, if in Baltimore, Give Street and Number.} 1519 Canton ave

Duration of Residence in Baltimore. 28 years C 6256.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Mar 6th 1862

AGE 45 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Townsend

(Address) 123 N. Eutaw St.

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7. 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to Nov 6 1907 that I last saw her alive on Nov 6 1907 and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Sclerosis of liver (Alcoholism)

(DURATION) — DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John Root M.D.

Address 2007 Eastern ave

Date Nov 7 1907

Place of Burial Lancaster Penn

Date Nov. 9th 1907

Undertaker H. Davies & Sons.

Address 910 Canton ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johnston Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Collins

{Residence, if in Baltimore, Give Street and Number.} 2 N Lanvale St

Duration of Residence in Baltimore. 1 C6257

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Lewis B Taylor

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Broxton

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Collins

(Address) 2 N Lanvale St

Filed 11/8 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 6 1907

I HEREBY CERTIFY, That I attended deceased from Nov 5 1907 to Nov 6 1907 that I last saw h[illegible] alive on Nov 6 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johnston Hospital

Date Nov. 7 1907

Place of Burial Glosten Cemetery Co to a Whale

Date November 8th 1907

Undertaker R T Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 203 Bath St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Samuel Elliott

{Residence, if in Baltimore, Give Street and Number.} 203 Bath St

Duration of Residence in Baltimore. Life C6258

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March 31 1907

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lewis Elliott

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: Bessie Trusty

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Trusty

(Address) 203 Bath St

Filed 11/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 7 1907

that I last saw h— alive on Nov 6 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchus Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

Asthenia (DURATION) 1 DAYS

(Signed) M Pittaluga M.D.

Address 827 Aisquith St

Date Nov 7 1907

Place of Burial Mt Auburn

Date November 9 — 1907

Undertaker R J Elliott

Address 1506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 5259 Registered No. B 194

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Not Known

{ Residence, if in Baltimore, Give Street and Number. } Not Known

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Not Known

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Carullo M.D.

Address Coroners Office

Date Nov 7 — 07 190

Place of Burial COLLEGE OF P. & S

Date NOV 8 - 1907 190

Undertaker Commissioner Health.

Address Health Department

Morgue

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

$2.00

Ward 7 C 6260 Registered No. B C 6260

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 767 W. Fabory St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Linthecumb

{Residence, if in Baltimore, Give Street and Number.} 767 W. Fabory St.,

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH June 29th 1907

AGE ____ years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Madison, Md.

FULL NAME OF FATHER Abram Linthecumb

BIRTHPLACE OF FATHER (State or country) Madison, Md.

MAIDEN NAME OF MOTHER Emma Keene

BIRTHPLACE OF MOTHER (State or country) Madison, Md.

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa M Keene

(Address) 767 W. Fabory St.

Filed 11/8 1907 HARRY C. INLOWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1907 to Nov 5th 1907 that I last saw her alive on Nov. 5th 1907, and that death occurred, on the date stated above, at 7:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus and accompanying diarrhoea due to improper feeding

Marasmus (DURATION) 30 DAYS

Contributory (Primary.) death of mother + unnatural feeding (DURATION) 60 DAYS

(Signed) Arthur M Shipley M.D.

Address Lunacy Hospl

Date Nov 7 190

Place of Burial COLLEGE OF P. & S

Date NOV 8 - 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 38

175

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sebastian Studino

{Residence, if in Baltimore, Give Street and Number.} 1427 Hamburg St

Duration of Residence in Baltimore. 4 yrs. C 62.61

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	1
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Studino (brother)

(Address) 1427 Hamburg St.

Filed 11/8 190 7 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Oct 31st 1907
I HEREBY CERTIFY, That I attended deceased from	Coroner's Case 190 to 190
that I last saw h alive on	190
and that death occurred, on the date stated above, at	6.40 P.M.
CAUSE OF DEATH (Secondary or Immediate)	Accidental Poison (Bichloride of Mercury)
	(DURATION) DAYS
Contributory (Primary.)	
	(DURATION) DAYS
(Signed)	Benj. J. Hanlon M.D.
Address	1216 N. Caroline Corner
Date	Nov. 8 1907
Place of Burial	COLLEGE OF P. & S.
Date	NOV 8 - 1907 190
Undertaker	Commissioner Health,
Address	Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registration District .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter F. Hill

{Residence, if in Baltimore, Give Street and Number.} ~~Bay View~~ 322 Rose St

Duration of Residence in Baltimore.....

C 6262

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: col.

DATE OF BIRTH: ..... 1 .....

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM

Filed 11/8 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Nov. 7 1907

that I last saw h~~im~~ alive on Nov. 7 1907

and that death occurred, on the date stated above, at 9 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis. (DURATION) ..... DAYS

(Signed) Robt F. Bay M.D.

Address Bay View

Date Nov. 7 1907

Place of Burial Int Groin Cemetery

Date Nov 9 1907

Undertaker Felix B Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

AK SAFETY ▲ FILM ■ ▲

Ward 11 Registered No. B C 6263

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 W Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. F. Moquette

{Residence, if in Baltimore, Give Street and Number.} 216 W Biddle

Duration of Residence in Baltimore. All her life C 6263

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Nelson A. Moquette

BIRTHPLACE OF FATHER (State or country) Baltimore. Md

MAIDEN NAME OF MOTHER Mary Robinson

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Deaver

(Address) 216 W Biddle

Filed 11/8 1907 (HENRY O. INDREBS; PERMIT CLERK) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7 1907

I HEREBY CERTIFY, That I attended deceased from Spring of 1906 to Nov 7 1907

that I last saw her alive on Nov 7 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

General progressive Paralysis

(DURATION) Many DAYS

Contributory (Primary.) Spinal Selerosis

(DURATION) 18 months

(Signed) W. F. A Kemp M.D.

Address 8 W 25th St

Date Nov 7 1907

Place of Burial Cathedral Cemetery

Date Nov 9 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 Colvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Lombardo

{Residence, if in Baltimore, Give Street and Number.} 503 Colvin St

Duration of Residence in Baltimore. Life C 6264

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Nov 30 1907

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Joe Lombardo

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. Ignello

(Address) 1024 Hillen St

Filed 11/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8 1907 to Nov 8 1907

that I last saw h— alive on ..... 190....,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Head when I was called to see it.

Umbilical Hemorage

one hr (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Antly L. Pittaluga M.D.

Address 827 Cresgund St

Date Nov 8 1907

Place of Burial St Vicents Cemetery

Date November 8 1907

Undertaker Liston P. Fussellbaugh

Address 510 N. Gay street

O. K. Investigate [illegible] 1907 J.W. Chapin, Coroner.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6265 Registered No. B 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 Hanover St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Timothy J Ward.

{Residence, if in Baltimore, Give Street and Number.} 1102 Hanover St

Duration of Residence in Baltimore. Life C 6265

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 25 1874

AGE 33 years, 5 mon'ts, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Timothy Ward.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Tighe

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Williams (Brother in law)

(Address) 1102 Hanover St

Filed 11/8 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7. 1907.

I HEREBY CERTIFY, That I attended deceased from ~~November~~ 190 to ~~November~~ 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Guitard M.D.

Coroner

Address

Date November 7 190 7

Place of Burial Cathedral Cem

Date November 11th 190 7.

Undertaker Daniel and Margaret Hagan

Address 42. E. West Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward.....

C 6266 Registered No. B..... 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2428 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Egbert Edmund Wilmot

{Residence, if in Baltimore, Give Street and Number.} 2428 North Calvert Street

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 20" 1838

AGE 68 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Osee Wilmot

BIRTHPLACE OF FATHER (State or country) Vermont

MAIDEN NAME OF MOTHER Lydia Moore

BIRTHPLACE OF MOTHER (State or country) Vermont

OCCUPATION OF DECEASED Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Wilmot

(Address) 2428 North Calvert St

Filed 11/8 1907

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7th 1907

I HEREBY CERTIFY, That I attended deceased from September 1904 to November 7 1907 that I last saw h im alive on November 7 1907 and that death occurred, on the date stated above, at 3.45

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary congestion 3d exhaustion.

(DURATION) 2 DAYS

Con'tributory (Primary.) Hemiplegia

(DURATION) 6 M'Ys.

(Signed) W. Wayland Adams M.D.

Address 701 Cathedral St 1907

Date Nov. 8

Place of Burial Orange, Essex Co. N.J.

Date November 9" 1907

Undertaker Henry H. Mears Jr

Address 5 West North Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 1516 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ena F Fenwick

{Residence, if in Baltimore, Give Street and Number.} 1516 N Stricker St

Duration of Residence in Baltimore. Life

C6267

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 10th 1907

AGE 7 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Fenwick

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Moore

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fenwick

(Address) 1516 N Stricker St

Filed Nov 9th 1907 HARRY O. ISLER CLERK Registrar

C S C & P

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1907 to Novem 6th 1907 that I last saw her alive on Nov 6th 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 29 DAYS

(Signed) E. G. Glover M.D.

Address 1224 W. North ave

Date Novem. 8th 1907

Place of Burial St Mary's Co. Md

Date Nov 1907

Undertaker M Fahey & Sons

Address 606 Lafayette ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry O'Brien

{ Residence, if in Baltimore, Give Street and Number. } 3119 Barclay St

Duration of Residence in Baltimore. Life C4268

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: ——— 1889	
AGE: 18 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: James P O'Brien	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: ———	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Electrician	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. O'Brien

(Address) 3119 Barclay St

Filed Nov 9 1907 HARRY O. ARDINGS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

Inflammation of Brain

(DURATION) 20 DAYS

Contributory (Primary.) Accidental

R. R. Injuries (DURATION) ... DAYS

(Signed) Silas Bartman M.D.

Address 700 Lap. Av. (Roxbury)

Date Nov. 8th 1907

Place of Burial St Mary's Cemetery

Date Nov 9th 1907

Undertaker M. Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6269 Registered No. B 404

CERTIFICATE OF DEATH.

(Place of Death.) No. 326 S Collington Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John William Linskey

{Residence, if in Baltimore, Give Street and Number.} 326 S Collington Av

Duration of Residence in Baltimore. Life C 6269

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John C Linskey

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Katharine

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Linskey

(Address) 326 S Collington Av

Filed 11/9 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 8 1907

that I last saw h sm alive on about Oct 30 1907,

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of ~~Stomach~~ Stomach

Unknown (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) J T Shiekmall M.D.

Address 14 N Patterson Pk Ave

Date Nov 8 1907

Place of Burial Baltimore Cemetery

Date Nov 11th 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 6270 Registered No. B C 6270

CERTIFICATE OF DEATH.

936

(Place of Death.) No. 915 Harris alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edmund Berlass.

{Residence, if in Baltimore, Give Street and Number.} 915 Harris alley

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept 12" 1906

AGE 1 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Michael Berlass

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Berlass

(Address) 915 Harris alley

Filed 11/9 1907

HARRY O. ANDROS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 8 1907 that I last saw him alive on Nov 8 1907, and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

.....

.....

.....

.....

.....(DURATION).....DAYS

Contributory (Primary.) Pneumonia (DURATION) 2 DAYS

(Signed) C. V. Bitley M.D.

Address 2 Hudson St

Date Nov 8" 1907

Place of Burial St. Stanislaus Cem

Date Nov. 9" 1907

Undertaker Rudell Lippel Bro

Address 350 S. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ....

Registered No. ....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 11 1/2 E Pleasant St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H Lewis

{Residence, if in Baltimore, Give Street and Number.} 11 1/2 E Pleasant St

Duration of Residence in Baltimore. 35 Years C6271

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: Unknown

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C Reed

(Address) 2913 W North Ave

Filed 11/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1907 to Nov 7 1907

that I last saw h in alive on Nov 4 1907,

and that death occurred, on the date stated above, at Two A. M. CAUSE OF DEATH (Secondary or Immediate)

Cold, in form of Influenza and Pneumonia

About 2 Weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm L Morgan M.D.

Address 202 W Franklin St

Date Nov 7th 1907

Place of Burial Loudon Park

Date Nov 10 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, cause and date of death, and the condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6272

City of Baltimore, (No. 813, W. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James E. Meaner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Mar (Month) 4 (Day) 1832 (Year)

AGE: 75 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jas Meaner

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Balto Md. probably

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate S. Smith

(Address) 1412 Mulberry St.

Filed 11/9 1907

HARRY O. ANDERSON,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 9/13 1907 to Nov 8 1907 that I last saw h[illegible] alive on Nov 8 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Old age & arterio sclerosis

about 1 year (DURATION) DAYS

Contributory Cystitis about 6 mos. (DURATION) DAYS

(Signed) H. E. Knight M. D.

Nov 9 1907 (Address) 1002 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Nov 10 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: 1009 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. BC 6273

City of Baltimore, (No. 1616, Edmondson Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry R. Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Dr Chas E. Richardson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet A Counselman

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Insurance Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Chas E. Richardson

(Address) 1616 Edmondson Ave

Filed 11/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1907 to Nov 8th 1907 that I last saw him alive on Nov 8 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 4 hours

Contributory ...

(DURATION) ... DAYS

(Signed) Charles Gelb M. D.

Nov 8th 1907 (Address) 101 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 11 1907

UNDERTAKER: Geo J Smith & Co. — ADDRESS: 500 N Fayette St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) Ward 10 No. 802 N. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. M. Duncan

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. Most of life

C 6274

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 23 1828

AGE 78 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER James Duncan

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Mary Brevard

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Engineer B.O.R.R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Madora J. Nelson

(Address) 1742 N. Guy av

Filed 11/9 1907

HENRY C. ANDREWS, PARKIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1907

I HEREBY CERTIFY, That I attended deceased from Last 10 yrs 190 to Nov 7th 1907

that I last saw him alive on Nov 6th 1907

and that death occurred, on the date stated above, at 5-

11. CAUSE OF DEATH (Secondary or Immediate) Organic Heart Disease, Last 10 yrs - and Rheumatism.

(DURATION) DAYS

Contributory (Primary) (DURATION) DAYS M.D.

(Signed) J. D. Lockhart

Address 211 N. Lanvale St.

Date Nov 7th 1907

Place of Burial Western Bon

Date Nov 10 190

Undertaker Geo. J. Smith & Co

Address 1006 W. Fayette

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or other person superintending the burial, to the Undertaker, to furnish within **eighteen hours after death**, to the Undertaker, a certificate of the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, as far as the same can be ascertained, the **cause and date of death**.

Ward .....

C 6275

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 St. N. Hoffman (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucinda Burson

{ Residence, if in Baltimore, Give Street and Number. } 420 N. Hoffman St

Duration of Residence in Baltimore. 50 Yrs. C 6275

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female.
COLOR	White
DATE OF BIRTH	April 25 1828
AGE	79 years, 6 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow.
BIRTHPLACE (State or country)	A. A Co. Md.
FULL NAME OF FATHER	James Mitchell.
BIRTHPLACE OF FATHER (State or country)	St Marys Co.
MAIDEN NAME OF MOTHER	Lucy Lanbin.
BIRTHPLACE OF MOTHER (State or country)	Prince George Co
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mitchell.

(Address) 420 N. Hoffman St

Filed 11/9 1907

HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 8 1907

that I last saw h[illegible] alive on Nov 7 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

Bulbar paralysis

4 yrs (DURATION) DAYS

Contributory (Primary.) age

(DURATION) DAYS

(Signed) Dan'l Smith M.D.

Address 712 N Mc

Date Nov 8 1907

Place of Burial Cathedral Cemetery

Date Nov 11 1907

Undertaker Wm Andrew Rohde Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH. 6276

Registered No. B.....

City of Baltimore, (No. 324, Pearl St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME. Marie Elizabeth Sieck.

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white.
DATE OF BIRTH	December 27 (Month) / (Day) 1823 (Year)
AGE	83 years, 10 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Frederick Wilker
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hudcell

(Address) 324 Pearl St

Filed 11/9 1907 HARRY C. ADDRESS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 2 1907 to November 8 1907 that I last saw her alive on Nov 8 1907, and that death occurred, on the date stated above, at 9.45 P. M. The CAUSE OF DEATH was as follows:

Old age.

(DURATION) 8 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Marie E Thalwitzer M. D.

Nov 9 1907 (Address) 814 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Pauls Lutheran Cemetery	Nov 11 1907
UNDERTAKER	ADDRESS
Wm Andrew Rohde & Son	935 E Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 Falls Road St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Susan R. Cooper

{ Residence, if in Baltimore, Give Street and Number. } 501 Falls Road

Duration of Residence in Baltimore. 29 Years. C6277

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 1839

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER John Cooper

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Tracy

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Susan Cooper

(Address) 501 Falls Road

Filed 11/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Nov 7 1907

that I last saw h~~im~~ alive on Nov 7 1907,

and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Valvular Disease

accompanied by Chronic

Interstitial Nephritis.

(DURATION) 3 ~~Years~~ DAYS

Contributory ~~(Primary.)~~ General Anasarca

(DURATION) 2 ~~Months~~ DAYS

(Signed) J. F. Thelley M.D.

Address 3849 Roland Ave

Date Nov 8 1907

Place of Burial Parkton Md

Date Nov 10 1907

Undertaker J. S. Marshall

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] Registered No. [illegible]

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2008 Mary Anne St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rosina C Karle

{Residence, if in Baltimore, Give Street and Number.} 2008 Mary Anne

Duration of Residence in Baltimore. Life C6278

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 14 1906

AGE: 1 years, 2 mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John H. Karle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Becker

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Paca "

Filed 11/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 8 1907

I HEREBY CERTIFY, That I attended deceased from October 15 1907 to Nov 8 1907

that I last saw h[illegible] alive on Nov. 7 1907

and that death occurred, on the date stated above, at 6.10 a M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Con ributory (Primary) Acute Meningitis

(DURATION) 24 DAYS

(Signed) H. Henry Hahn M.D.

Address Irvington

Date Nov 8/07 1907

Place of Burial London Park Cem

Date Nov 9 1907

Undertaker Jos. Joerdens, Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 W North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah Oppenheimer

{Residence, if in Baltimore, Give Street and Number.} 1209 W. Northave

Duration of Residence in Baltimore. 35 years C 6279

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Oppenheimer

(Address) 1209 W North Ave

Filed 11/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8 1907 to Nov 8 1907 that I last saw her alive on Nov 8 1907 and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Duration 20 minutes. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J A Melvin M.D.

Address 1303 W. Northave

Date Nov 8 1907

Place of Burial Chev Shalom

Date Nov 10 1907

Undertaker Ward & Goodman

Address 923 W Lexington Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6280 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mrs Anna R Downs

{Residence, if in Baltimore, Give Street and Number.} 1215 Valley St.

Duration of Residence in Baltimore. 6 years C 6280

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 1

AGE 26 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jacob Emrich

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Bear

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Downs

(Address) 1215 Valley st

Filed 11/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1907

I HEREBY CERTIFY, That I attended deceased from 10-1 1907 to 11-8 1907

that I last saw h alive on 11-8 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) 14 DAYS

Con'ributory (Primary.) Typhoid fever

Six weeks (DURATION) DAYS

(Signed) W. W. Bowman M.D.

Address Md. Gen. Hosp.

Date Nov. 8, 1907

Place of Burial Loudon Park Cem.

Date NOV 10 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C 6281 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 Courtney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur McMahon

{ Residence, if in Baltimore, Give Street and Number. } 724 Courtney St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: — 1863

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Philip McMahon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret McMahon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McMahon

(Address) 724 Courtney St

Filed 11/9 1907 HARRY C. ANDREOS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1907 to Nov 5th 1907 that I last saw him alive on Nov 5th 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion Coma

(DURATION) DAYS

Contributory (Primary) Typhoid Fever

Cerebral Spinal Meningitis (DURATION) about 90 DAYS

(Signed) [illegible] M.D.

Address 509 N Charles

Date 190

Place of Burial New Cathedral

Date Nov 11th 1907

Undertaker M. Flaherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1907 44 63

Ward ..... Registered No. ....

CERTIFICATE OF DEATH.

94 ~

(Place of Death.) No. 2719 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Libkey

{ Residence, if in Baltimore, Give Street and Number. } 2719 Hudson St.

Duration of Residence in Baltimore. Life C6282

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 12 1905

AGE: 1 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John H. Libkey

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Flynn

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Libkey

(Address) 2719 Hudson St

Filed 11/9 1907

HARRY C. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1907

I HEREBY CERTIFY, That I attended deceased from ~ 190 to 2 190

that I last saw h ~ alive on ~ 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comp M.D.

Address 320 N Green St

Date 190

Place of Burial St Patricks Cem.

Date November 9 1907

Undertaker H. Lauder & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6283

CERTIFICATE OF DEATH.

54 u

(Place of Death.) No. 2316 Cambridge St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Charles H. A. Wagner

{Residence, if in Baltimore, Give Street and Number.} # 2316 Cambridge St.

Duration of Residence in Baltimore. Life time C 6283

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 10th 1906.

AGE 1 years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Henry Wagner.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Thusia Wehner

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Wagner.

(Address) 2316 Cambridge St

Filed 11/9 1907

HARRY C. ARDROSS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1907 to Nov. 8 1907

that I last saw him alive on Nov. 8 1907 4.30 P. M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 18 DAYS

Contributory (Primary) Anemia

Life time (DURATION) DAYS

(Signed) John H. Rehberger M. D.

Address #1709 Alice Anna

Date Nov. 9th, 1907

Place of Burial Baltimore Cemetery

Date Nov. 11th 1907

Undertaker H. Sander Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 1 C 6284 Registered No. B C 6[illegible]

150

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marylee Warfield

{ Residence, if in Baltimore, Give Street and Number. } Cockeville, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: N 6 mos old 1

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cockeville Howard Co Md

FULL NAME OF FATHER: Howard Warfield

BIRTHPLACE OF FATHER (State or country): Md Howard Co

MAIDEN NAME OF MOTHER: Annie Melashmuett

BIRTHPLACE OF MOTHER (State or country): Cockeville Howard Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas R Weer

(Address) Sykesville Md

Filed Nov 9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8 1907

I HEREBY CERTIFY, That I attended deceased from November 7 1907 to Nov 8 1907 that I last saw h[illegible] alive on November 8 1907 and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate) Shock following operation

Con'tributory (Primary) Spina bifida (DURATION) 7 hours

(DURATION) 6 mos

(Signed) J. H. Bud M.D.

Address University Hosp. Baltimore

Date November 9 1907

Place of Burial Sykesville Md

Date Nov 9th 1907

Undertaker Jas R Weer

Address Sykesville Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 6285

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 11 Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Kane -

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

C 6285

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: — 1907	
AGE: ..... years, 3 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister in Charge

(Address)

Filed 11/9 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 6th 1907

that I last saw her alive on Nov 11 1907,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 90 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Finley M.D.

Address 9.6. Biddle St

Date Nov 6th 1907

Place of Burial New Cathedral

Date Nov. 9 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes und notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a c setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of deceased, and the ***cause and date of death.***

Ward 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Smith

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C6286

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct. 20 1907

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Kinlaf Asy.

(Address)

Filed 11/9 1907

JAMES C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 8th 1907

that I last saw h alive on Nov 1 1907,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9. E. Biddle St.

Date Nov 8th 1907

Place of Burial New Cathedral

Date Nov 9/1907

Undertaker Martin Lahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 837 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Batson C 6287

Residence, if in Baltimore, Give Street and Number. 837 Vine St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Blk

DATE OF BIRTH Sept 11 1881

AGE 26 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Alex Batson

BIRTHPLACE OF FATHER (State or country) a. a. co. Md.

MAIDEN NAME OF MOTHER Isabella Gibson

BIRTHPLACE OF MOTHER (State or country) a. a. co Md

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Hinds

(Address) 837 Vine St

Filed 11-9-07 190 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Nov 8 1907

that I last saw him alive on Nov 8 1907, at 12 M.

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

3 wks (DURATION) DAYS

Con'tributory (Primary.) Asthenia (DURATION) 4 DAYS

Gangrenia

(Signed) D Norwood M.D.

Address 939 N Fay Balto

Date Nov 8 1907

Place of Burial Harmans

Date Nov 10 1907

Undertaker Wm J Dashiell & Son

Address Undertakers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 S. Paca, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Mondanwitsky,

{ Residence, if in Baltimore, Give Street and Number. } 613 S. Paca St,

Duration of Residence in Baltimore. Life, C6288

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 6 1907

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Mondanwitsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Julia Yonkanowsky

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Yonkanowsky

(Address) 613 S Paca St

Filed 11-9- 1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1907 to Nov. 9, 1907

that I last saw h ld alive on Nov. 8, 1907,

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Non Closure of Foramen Ovale

(DURATION) 3 DAYS

Contributory (Primary.) Dont Know.

(DURATION) — DAYS

(Signed) Albert T. Chambers, M.D.

Address 614 S. Paca St

Date Nov. 9, 1907

Place of Burial Most Holy Redeemer

Date Nov 9 1907

Undertaker W. J. Dickerson & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1146 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W Rogers

{ Residence, if in Baltimore, Give Street and Number. } 1146 W. Hamburg st,

Duration of Residence in Baltimore. Life C6289

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 18 1860

AGE 47 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John L Rogers

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) U

OCCUPATION OF DECEASED Furniture mover

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Matilda Rogers

(Address) 1146 W. Hamburg

Filed 11-9-07 1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct 24 1907 to Nov 7 1907 that I last saw h[illegible] alive on Nov 7 1907, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bright's disease

2 weeks (DURATION) DAYS

Contributory (Primary.) Uremic Coma (DURATION) 2 DAYS

(Signed) Jos. E. Imse M.D.

Address 855 Columbia av

Date Nov 8 1907

Place of Burial Cathedral Cem

Date Nov 10 1907

Undertaker N. J. Tuckerton

Address Camden & Baca

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 6290

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 116 Monteolivan St.; Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Esther A Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 19 1848 (Month) (Day) (Year)

AGE 59 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Jno R Bell

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Maria T Drummond

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Noel

(Address) 116 Monteolivan

Filed 11-9- 1907 J.A.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1907 to Nov. 8 1907 that I last saw h alive on Nov 8 1907, and that death occurred, on the date stated above, at 1-30 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Contributory Anemia. (DURATION) 1 DAYS

(Signed) H M Fuller M. D.

Nov 8 1907 (Address) 12 E 25th city

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Nov 10 1907

UNDERTAKER Wm J Fichtner Sons | ADDRESS Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1041 Compton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas Herbut Hewson

{Residence, if in Baltimore, Give Street and Number.} 1041 Compton St

Duration of Residence in Baltimore. Lifetime C6291

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Nov 5 1907

AGE ... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Jas H Hewson

BIRTHPLACE OF FATHER (State or country) Gaithers. Carroll Co Md

MAIDEN NAME OF MOTHER Marian Cain

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas H Hewson

(Address) 1041 compton

Filed 11/9 1907 HARRY C. ARLANDS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 5 1907 to Nov 9 1907

that I last saw him alive on 11.9 1907,

and that death occurred, on the date stated above, at 5.15 a m. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth. (7th Foetal Month) (Cause unknown) (DURATION) DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) L J Durlington M.D.

Address 1 Dr E 7 St Pau

Date 11.1907 1907

Place of Burial Holy Cross

Date Nov 9 1907

Undertaker J J Falzer

Address 1232 Williams St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6292

Registered No. B

City of Baltimore, (No. 122, Market Space St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Gardina

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: Nov. (Month) 9 (Day) 1907 (Year)

AGE: ..... years, ... months, 2 hrs days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ballo., Md

FULL NAME OF FATHER: Nick. Gardina

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Elizabeth —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nick. Gardina

(Address) 122 Market Space

Filed 11/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 November 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 9 November 1907 to 9 November 1907 that I last saw him alive on 9 November 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Congenital debility.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Joseph Dawson M. D.

9 Nov. 1907 (Address) 24 N. Eutaw st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Vincent's Cem.	Nov 10 1907
UNDERTAKER	ADDRESS
Kendall Lippel & Co.	330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF DEATH.

27 L

(Place of Death.) No. 406 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Savage

{ Residence, if in Baltimore, Give Street and Number. } 406 N. Bruce St.

Duration of Residence in Baltimore. 40 yr C6293

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) St Mary Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Lewis

(Address) 406 N. Bruce st

Filed 11/9 1907

HARRY C. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) 7 mo DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Emmett Jones M.D.
Coroner

Address

Date Nov 7th 1907

Place of Burial Mt Hope

Date Nov 9 1907

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., ENGRAVERS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 South Durham St St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Elizabeth Stickel

{Residence, if in Baltimore, Give Street and Number.} 208 South Durham St

Duration of Residence in Baltimore. Life. C6294

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 6 1858

AGE: 49 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Otto Stickel

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Henry Stickel

(Address) 208 South Durham St

Filed 11/9" 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

WM. J. C. DULANY C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 8, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1907 to Nov. 8, 1907

that I last saw h[illegible] alive on Nov. 8, 1907,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate

Cancer of Uterus

DURATION 30 DAYS

Contributory (Primary)

DURATION DAYS

(Signed) W. G. Yates, M.D.

Address 111 E. Chase Street

Date Balto. City, Nov. 8, 1907.

Place of Burial Baltimore Cem

Date Nov 10 07 1907

Undertaker Wm Cook

Address 1902 E North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward ..... C 6295

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 ~~XXXX~~ S Dallas. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie E Smith.

{ Residence, if in Baltimore, Give Street and Number. } 702 ~~XXXX~~ S Dallas St

Duration of Residence in Baltimore. life.

C 6295

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Thomas

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Smith.

(Address) 702 S. Dallas St.

Filed 11/9 1907

HARRY C. ANDALA Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. — 9 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 22 1907 to Nov 9 — 1907

that I last saw her alive on Nov. 7 1907.

and that death occurred, on the date stated above, at 10.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

(DURATION) 10 DAYS

Contributory (Primary) Rheumatic fever

(DURATION) 49 DAYS

(Signed) Pierre G Dausch M.D.

Address 121, Jackson Square

Date Nov 9 1907

Place of Burial Mt Carmel

Date Nov. 11 1907

Undertaker Wm Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, widowed or single) of the deceased, and the **cause and date of death.**

Ward 17 — C 6296 — Registered No. B C 6296

CERTIFICATE OF DEATH.

(Place of Death.) No. City Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard H. Pitts

{ Residence, if in Baltimore, Give Street and Number. } Brooklyn H. A. Co. Md.

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: June 27 1880

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Zenoah Pitts

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary F. Woller

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard A. Pitts

(Address) Brooklyn, A.A. Co

Filed 11/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 10 to Nov. 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Burns

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) B. S. Hampton M.D.

Address 1216 N. Caroline St

Date Nov. 9 1907

Place of Burial Lolley A.A. Co.

Date Nov. 11 1907

Undertaker Armistead Denny Co

Address 715 Light

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph's Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. B Shafer M. D.

{ Residence, if in Baltimore, Give Street and Number. } Terra alta W. Va.

Duration of Residence in Baltimore. —

C6297

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH June 3 1

AGE 74 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Morgantown W Va

FULL NAME OF FATHER Jacob Pindle Shafer

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lulu I Shafer

(Address) The St Paul -.

Filed Nov 10 1907 Baltimore [illegible] PERMIT CLERK. Registrar

ExCBR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8 1907 to Nov 10 1907 that I last saw h— alive on Nov 10 1907, and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy as a result of retention of urine

(DURATION) DAYS

Con'ributory (Primary.) Bright disease of

Hypertrophied prostate (DURATION) DAYS

(Signed) John F. Shafer M.D.

Address St. Josephs Hosp.

Date Nov. 10 1907

Place of Burial Terra Alta W. Va.

Date Nov. 11 1907

Undertaker H. H. Jenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 118 winter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Bassnight

{Residence, if in Baltimore, Give Street and Number.} 118 winter St

Duration of Residence in Baltimore. 2 yrs C6298

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): S.C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary S. Bassnight

(Address) 118 winter St

Filed 11/10 1907

HARRY C. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Nov 8 1907

that I last saw him alive on Nov 8 1907,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 22 DAYS

(Signed) H. S. McCard. M.D.

Address 2005 Druid Hill Ave

Date Nov 9 1907

Place of Burial Mt Zion

Date Nov 10 1907

Undertaker Jno H. Toadvine

Address 142 Eastiel St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH. C 6299

Registered No. B.....

City of Baltimore, (No. 1149 E. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Hyman Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Feb. (Month) 10 (Day) 1906 (Year)

AGE 1 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alex. Miller.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Goodman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Miller

(Address) 1149 E. Lombard St

Filed 11/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from November 9 1907 to November 9 1907 that I last saw him alive on November 9 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pseudo membranous Croup.

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. Hirschman M. D.

November 9 1907 (Address) 900 E. Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Rose Dale cemetery

DATE OF BURIAL Nov 10 1907

UNDERTAKER Max Levinson

ADDRESS 1020 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 532 Eburn Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Griffin

{ Residence, if in Baltimore, Give Street and Number. } Atom

Duration of Residence in Baltimore. 5 or 6 yrs C 6300

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH Feb 14 1846

AGE 61 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Spriddle

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie C Brave

(Address) 1224 Argyle Avenue

Filed 11/10 1907 HARRY G. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Nov 7 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH, (Secondary or Immediate)

Heart Disease

(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. D. Ishtan M.D.

Address 211 N. Lanvale St

Date Nov 8. 07. Balto 190

Place of Burial Mt Auburn Cemetery

Date November 10 1907 190

Undertaker Isaac Brown

Address 565 W. Dolphin street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 6301 Registered No. B C 6301

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carder Lavina Howard

{Residence, if in Baltimore, Give Street and Number.} 916 Stirling St.

Duration of Residence in Baltimore. Life C6301

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Negro

DATE OF BIRTH: Nov 3rd 1907

AGE: ____ years, ____ months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Howard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriet Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Cottman

(Address) 921 Forest St

Filed 11/10 1907 HARRY C. ANDES Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8th 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ on Nov 8th 1907 to ____ 190__ that I last saw her alive on Nov 8th 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus

(Probably through infection through cord)

(DURATION) 1 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) F. M. C. Carter M.D.

Address 1051 Aisquith St

Date Nov 8th 1907

Place of Burial Laurel

Date Nov 10 — 1907

Undertaker R. A. Ellicott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 6302

Registered No. B

City of Baltimore, (No. 820, N Wolfe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. M. E. Spriggs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: B.

DATE OF BIRTH: Nov (Month) 5 (Day) 1906 (Year)

AGE: 1 years, months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William N. Spriggs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah E Travers

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Travers

(Address) 820 N Wolfe St

Filed 11/10 1907

HARRY C. [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 7 1907 that I last saw h[illegible] alive on Nov 7 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) DAYS

Contributory Exhaustion

(DURATION) 14 DAYS

(Signed) Samuel L. King M. D.

Nov 9 1907 (Address) 1431 N Gay St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ashurry

DATE OF BURIAL: Nov 10 1907

UNDERTAKER: R. F. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 2231 N. Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Thomas

{Residence, if in Baltimore, Give Street and Number.} 2231 N. Ann Street

Duration of Residence in Baltimore. 15 Years C6303

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 7th — 11 — 1907

AGE: 35 years, ? months, ? days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Emma Thomas

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Idant Rund

BIRTHPLACE OF MOTHER (State or country): Idant Rund

OCCUPATION OF DECEASED: Trans-Packing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otis Johnson

(Address) 223 N Ann Street

Filed 11/10 1907

HARRY C. [illegible]
PAROLE CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7th — 11 — 1907

I HEREBY CERTIFY, That I attended deceased from 14th — 10 — 1907 to 7th — 11 — 1907

that I last saw h-e alive on 5th — 11 — 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Abdominal trouble terminating in infection and exhaustion. about a year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. E. W. Boyle M.D.

Address 926 N. Ann St.

Date 8th — 11 — 1907

Place of Burial Laurel

Date November 10th 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

C 6304

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1822 Patterson Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kittie Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1843 (Month) 1 (Day) (Year)

AGE 64 years. — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Bowser

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie Wicks

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend Mr Robinson

(Address) 822 Patterson Ave

Filed 10/11 1907 HARRY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 (Month) Friday (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1907 to Nov. 8 1907 that I last saw h er alive on Nov. 8 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Heart failure
Convulsions

(DURATION) 1 DAYS

Contributory Bronchial trouble

(DURATION) 1 DAYS

(Signed) P. M. Graham M. D.

Nov. 9 1907 (Address) 1633 Pattersonave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Nov 10 1907

UNDERTAKER R T Elliott | ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1908 Light St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J. Heinz.

{Residence, if in Baltimore, Give Street and Number.} 1908 Light St.

Duration of Residence in Baltimore. 50 years C6305

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1 1831

AGE: 76 years, 6 months, 7 days

~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or country): Germany -

FULL NAME OF FATHER: unknown -

BIRTHPLACE OF FATHER (State or country): Germany -

MAIDEN NAME OF MOTHER: not known -

BIRTHPLACE OF MOTHER (State or country): Germany -

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): Edward Heinz -

(Address): 1908 Light St. -

Filed 1/10 1907

HARRY C. [illegible]

PARKE [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 8 1907

that I last saw him alive on Nov 7 1907.

and that death occurred, on the date stated above, at 8.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Central Pneumonia

(Paralysis -)

(DURATION) 5 DAYS

Contributory (Primary) Arterio Sclerosis - (DURATION) - DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Linden Ave -

Date Nov 9 1907

Place of Burial Loudon Hill

Date Nov 10 1907

Undertaker Jos. Stentebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Patrick Byrne

{Residence, if in Baltimore, Give Street and Number.} 1111 Penna. Ave

Duration of Residence in Baltimore.....

C 6306

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 22 1907

AGE: 0 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm Patrick Byrne

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Delia Ward

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P. Byrne

(Address) 1111 Penna Ave.

Filed 11/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 22 1907 to Nov 3 1907 that I last saw h in alive on Nov 3 1907. and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic convulsion

(DURATION) 1 DAY

Con'ributory (Primary.) Acute Nephritis

(DURATION) 4 DAYs

(Signed) J. Frederick Leitz M.D.

Address 1340 W. North Ave

Date Nov. 9 1907

Place of Burial St. Peters Cem

Date Nov. 10th 1907

Undertaker Jno A. Inman & Bank & Annst

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 2534 W Baltimore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Moseman

{Residence, if in Baltimore, Give Street and Number.} 2534 W Balto St.

Duration of Residence in Baltimore. 45 Yrs C6307

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Moseman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Allen

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Shaffer

(Address) 2534 W. Balto St

Filed 11/10/ 1907

HARRY C. [illegible], Registrar

PARCEL CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1907 to Nov 7. 1907 that I last saw her alive on Nov 7. 1907 and that death occurred, on the date stated above, at 11a P.M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism of Heart.

(DURATION) 2 DAYS

Contributory (Primary) Senile Dementia

Rheumatism. (DURATION) 60. DAYS

(Signed) [illegible] M.D.

Address 1735 Holbrook Av

Date Nov 8. 1907

Place of Burial London Park

Date Nov - 10 - 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

56

C 6308

CERTIFICATE OF DEATH.

Bidler-Sellman Sanatorium Registered No. B.....

City of Baltimore, (No. 2724 N. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Burnard Slagle

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~12~~ 12 (Month) 20 (Day) 1866 (Year)

AGE 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Ferdinand Slagle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Donot Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1232 William St.

Filed 11/10" 1907 HARRY C. ARMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11/9 1907 to 11/9 1907

that I last saw h im alive on 11/9 1907,

and that death occurred, on the date stated above, at 5:30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) — DAYS

Contributory Alcoholism

(DURATION) 150 DAYS

(Signed) Geo W. Dulhoff M. D.

11/9 1907 (Address) 2203 N. Chas St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 258 E. Hamburg How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? 205 E. Hamburg

Order for BURIAL or REMOVAL Greenmount Cemetery Lot Name Cemetery DATE OF BURIAL Nov 12 1907

UNDERTAKER John J Fahey ADDRESS 1232 William

WM. J. C. DULANY CO., BALTIMORE

Removal to 2306 E. Preston

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person having the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married, single or widow) of the person deceased, and the cause and date of death.

Ward ..... Registration District 134

CERTIFICATE OF DEATH.

(Place of Death.) No. 2725 Parkwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Priscilla A Bowen

{Residence, if in Baltimore, Give Street and Number.} 2725 Parkwood Ave

Duration of Residence in Baltimore. ..... C 6309

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 12 1849

AGE 58 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER John Hutchins

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Annie Brown

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. F. Bowen

(Address) 2725 Parkwood Ave

Filed 11/10 1907 HARRY C. [illegible] Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1907

I HEREBY CERTIFY, That I attended deceased from 1905 to Nov 5 1907 that I last saw h alive on Nov 5 1907 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile debility

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Fred C Jewett M.D.

Address 2208 North Fulton Ave

Date Nov 10. 1907

Place of Burial Plum Point Calvert Co Md

Date November 10 1907

Undertaker Harry W. Ehlen

Address 1944 N. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632. Alice Anna St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marianna Fabizak

{ Residence, if in Baltimore, Give Street and Number. } 1632 Alice Anna St.

Duration of Residence in Baltimore. 20 yrs.

C 6310

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 60 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Bottmany Michalski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Fronie.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fabizak,

(Address) 1632 Alicianna St.

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9- 1907

I HEREBY CERTIFY, That I attended deceased from Oct [redacted] 1907 to Nov. 9 1907

that I last saw h[redacted] alive on Nov. 8 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Cirrhosis

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) G. C. Slade M.D.

Address 1437 Bway

Date NOV 10 1907 190

Holy Rosary.

Place of Burial .....

Date Tuesday Nov 12" 1907

Undertaker M. F. Sadowski.

Address 903 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Fiedler Sellman Sanatorium Registered No. BC 6311

City of Baltimore, (No. 2724, N. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Trumble

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 14 (Day) 1882 (Year)

AGE: 25 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co.

FULL NAME OF FATHER: C. Newton Trumble

BIRTHPLACE OF FATHER (State or country): Frederick Co.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr A. G. Horine

(Address) Brunswick Md.

Filed 11/11 1907

HARRY C. IRONS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 10, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to 11/10 1907

that I last saw h~~im~~ alive on 11/10 1907,

and that death occurred, on the date stated above, at 11:30 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 35 DAYS

Contributory Paresis of Bowels

(DURATION) 7 DAYS

(Signed) G. W. Dewitt M. D.

Nov 11 1907 (Address) 2203 N. Chas St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Brunswick Md. How long at Place of Death? 6 Days

Where was disease contracted, if not at place of death? Brunswick Md

PLACE OF BURIAL OR REMOVAL: Frederick City Md.

DATE OF BURIAL: Nov. 12 1907

UNDERTAKER: E. Schlosnow & Son

ADDRESS: 129 E. Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and da

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased and the **cause and date of death.**

CERTIFICATE OF DEATH.

71

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Murray

{ Residence, if in Baltimore, Give Street and Number. } John Hopkins Hosp.

Duration of Residence in Baltimore. Life

C 6312

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 8 1907

AGE: — years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alexander Murray

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: Eunice Davis

BIRTHPLACE OF MOTHER (State or country): Alabama

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Murray

(Address) Washington D.C.

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1907 to Nov 10th 1907 that I last saw h— alive on Nov 10th 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Whitridge Williams M.D.

Address Johns Hopkins Hospital

Date Nov 10th 1907

Place of Burial Washington D.C.

Date November 11 1907

Undertaker Henry A. Jenkins Sons Co

Address Howard and Madison Sts

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

56

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gustavus S. Lane

{Residence, if in Baltimore, Give Street and Number.} 512 East Ave

Duration of Residence in Baltimore. Life. C6313

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ethel N Lane

(Address) 1639 N Bolton St

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1907

I HEREBY CERTIFY, That I attended deceased from (190 to (190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12½ a. m. CAUSE OF DEATH (Secondary or Immediate)

Coroners Case Nephritis

(DURATION) DAYS

Contributory (Primary.) Uraemia

(DURATION) DAYS

(Signed) Fred'k Schaeffer M.D.

Address Coroner Md.

Date Nov 11 — 07 190

Place of Burial Oak Lawn Cemetery

Date Nov 12 190 7

Undertaker Albert S Fiddes

Address 220 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 6314

CERTIFICATE OF DEATH.

53

(Place of Death.) No. 657 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Richmond Gray

{ Residence, if in Baltimore, Give Street and Number. } 657 W. Franklin st

Duration of Residence in Baltimore. 13 months C 6314

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 27th 1887

AGE: 20 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George H. Gray

BIRTHPLACE OF FATHER (State or country): Baltimore City Md

MAIDEN NAME OF MOTHER: Ellen M. Richmond

BIRTHPLACE OF MOTHER (State or country): Yoka County Col

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Gray

(Address) 657 W. Franklin St

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 9th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 13th 1907 to Nov. 9th 1907 that I last saw him alive on Nov. 8th 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pseudo-Leukaemia

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) Robt. J. Murray. M.D.

Address 510 N. Fremont Ave.

Date November 9th 1907

Place of Burial Greenmount Cemetery

Date Nov. 11th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

C 6315

Registered No. B

City of Baltimore, (No. 1417, N. Henry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Selmaier

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 81 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Fitz

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Selmaier

(Address) 1417 N. Henry St

Filed 11/11 1907 HARRY C. [illegible], REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to Nov. 9th 1907 that I last saw her alive on Nov. 9th 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. D. Norris M. D.

190 (Address) 1221 W. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Bethel Cemetery — DATE OF BURIAL Nov 13 1907

UNDERTAKER John F. Cowan — ADDRESS 901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kitty James Byrnes

{Residence, if in Baltimore, Give Street and Number.} 1040 W Franklin St

Duration of Residence in Baltimore. Life C 6316

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: ... years, 6 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph F Byrnes

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vin Inf Asy.

(Address)

Filed 11/11 1907 HARRY C. SMITH, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 7 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address J. S. Fowler 76 E. Fayette St

Date Nov 8 1907

Place of Burial Cathedral Cemetery

Date November 11th 1907

Undertaker John F Conroy

Address 901 Hollins St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Schaeffer

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

C6317

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 11/11 1907

HARRY C. ANDROS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 9 1907

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to Nov. 9 1907 that I last saw h[er] alive on Nov 9 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Nov 10 1907

Place of Burial St. Alphonsus Cem.

Date Nov. 11th 1907

Undertaker Wendell Dippel & Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Fetter

{Residence, if in Baltimore, Give Street and Number.} Bay View 1234 6 Fort Ave

Duration of Residence in Baltimore.....

C6318

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Hungry

FULL NAME OF FATHER: Nicholas Fetter

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, BAY VIEW ASYLUM Supt.

(Address)

Filed 11/11 1907 HARRY C. ANDREAS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Nov. 9 1907 that I last saw h alive on Nov. 9 1907 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. L. Bay M.D.

Address Bay View

Date Nov. 10 1907

Place of Burial Cedar Hill Cem

Date Nov 12th 1907

Undertaker Jos Steinbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward G. Lammert

{ Residence, if in Baltimore, Give Street and Number. } 1706 E. Fayette st Balto Md

Duration of Residence in Baltimore.

C 6319

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 10th 1907

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry E Lammert

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Anna B Foreman

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Lammert

(Address) 303 N Central ave

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Nov 10 1907 that I last saw h alive on Nov 10 1907, and that death occurred, on the date stated above, at 4 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Heart - failure

Intara Tuberculosis ?

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) O. H. Clough M.D.

Address John Hopkins Hospital

Date Nov 10 1907

Place of Burial Baltimore Cemetery

Date Nov 12 1907

Undertaker E. J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard B. Clark

{ Residence, if in Baltimore, Give Street and Number. } 1512 Eutaw Place

Duration of Residence in Baltimore.

C 6320

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov 8th 1907

AGE: 59 years, 10 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thos S Clark

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah J Bell

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Grain Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Clark

(Address) 1512 Eutaw Place

Filed 11/11 1907

HENRY C. [illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 1907

that I last saw h— alive on —— 190—,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D Stanford M.D.

Address 1216 N Caroline St

Date Nov 10, 1907

Place of Burial Loudon Park Cem

Date Nov 11th 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6321

Biedler Sellman Sanatorium

City of Baltimore, (No. 2224 N. Charles St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Kate A. Condon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. (Month) 10 (Day) 1856 (Year)

AGE: 57 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Levi J. Condon

BIRTHPLACE OF FATHER (State or country): Md —

MAIDEN NAME OF MOTHER: Emily Shedmore

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Levi J. Condon

(Address) 112 W. Lafayette Ave

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 9, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 5, 1907 to 11/9 1907 that I last saw her alive on 11/9 1907, and that death occurred, on the date stated above, at 12-20 A.M. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease

(DURATION) DAYS

Contributory Operation for cure of same (DURATION) DAYS

(Signed) Geo. W. Dr Hoff M. D.

11/9 1907 (Address) 2203 N. Chas. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1122 W. Lafayette Ave Balto. How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death? Home

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park.	Nov. 12 1907
UNDERTAKER	**ADDRESS**
E. W. Mitchell	1122 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

81

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6322

Registered No. B

City of Baltimore, (No. 2127 N. Charles St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Sanford

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: ~~Dec~~ (Month) (Day) 1 (Year)

AGE: 68. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt. Md

FULL NAME OF FATHER: John H. Iglehart

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Annie Eliza Warner

BIRTHPLACE OF MOTHER (State or country): Balt. Md

OCCUPATION OF DECEASED: ×

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) N. Knight Sanford

(Address) 2127 N. Chas. St.

Filed 11/11 1907

HENRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 9th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to Nov. 9th 1907

that I last saw her alive on Nov. 9th 1907,

and that death occurred, on the date stated above, at 4.45 P.M. The CAUSE OF DEATH was as follows:

Myocarditis

10 ds. (DURATION) 10 DAYS

Contributory Arteris-Sclerosis

2 yrs. (DURATION) DAYS

(Signed) J. H. Reynolds M. D.

Nov. 10th 1907 (Address) 2004 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Nov. 12 1907

UNDERTAKER: E. M. Mitchell ADDRESS: 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 304 N. Gay St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna M. Kendl

{Residence, if in Baltimore, Give Street and Number.} 304 N. Gay st

Duration of Residence in Baltimore. Life time

C6323

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 17th 1836

AGE: 71 years, 3 months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John J. Bregel.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma M. Kendl

(Address) 304 N. Gay st.

Filed 11/11 1907

HARRY C. ANDRLOS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 9th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Nov 9 1907

that I last saw h~~er~~ alive on 9 1907,

and that death occurred, on the date stated above, at 2.30 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Chr. Arthritis-Rheumatism - Several years + nephritis

Bronchs-pneumonia, extension from Chr. Bronchitis

(DURATION) 9 DAYS

Contributory (Primary) Ex haustion

See above (DURATION) DAYS

(Signed) R. W. Mifflin M.D.

Address 1014 Mad. av

Date Nov 10 1907

Place of Burial Balto. cemetery.

Date November 12 1907.

Undertaker Liston P. Fussellbaugh

Address 570 N Gay st.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Kate R. Daiger C6324

{ Residence, if in Baltimore, Give Street and Number. } Bloomington Md

Duration of Residence in Baltimore. 4 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: John McDermott

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McGee

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A Daiger

(Address) Bloomington Md

Filed 11/11 1907

HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7, 1907

I HEREBY CERTIFY, That I attended deceased from October 10, 1907 to November 7 1907 that I last saw h[illegible] alive on November 7, 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Chr. nephritis

(DURATION) DAYS

(Signed) F. W. Stackpole M.D.

Address Franklin Square Hospital

Date November 7, 1907

Place of Burial New Cathedral

Date Nov 11 1907

Undertaker ~~C. O. Brockett~~ W. J. Fitzpatrick & Son

Address ~~[illegible]~~ Cathedral St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when no Physician attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

[illegible] OAK STREET

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard P. Pindell

{ Residence, if in Baltimore, Give Street and Number. } 1522 E Madison

Duration of Residence in Baltimore. Life C6325

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: July 9th 1828

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth A. Pindell

(Address) 1522 E. Madison St

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9th 1907

I HEREBY CERTIFY, That I attended deceased from July 14th 1906 to Oct 25 1907 that I last saw h[illegible] alive on Oct 20 1907, and that death occurred, on the date stated above, at 1.20

M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(about) (DURATION) 2 yrs DAYS

Contributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) L. M. C. Parker M.D.

Address 1057 Aisquith St

Date Nov 9th 1907

Place of Burial St Mary's Cemetery

Date Nov 12 1907

Undertaker Wm Cook

Address 502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

95

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman Richter

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

C6326

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: white

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Blacksmith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 11/11 1907

HENRY C. ANDREWS; PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to Nov. 9 1907

that I last saw him alive on Nov. 9 1907

and that death occurred, on the date stated above, at 10.42 9 M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) Ruth P. Bay M.D.

Address Bay View

Date Nov. 9 1907

Place of Burial Western Cem

Date Nov 12 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 46 Garrison Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Findling

{Residence, if in Baltimore, Give Street and Number.} 46 Garrison Lane

Duration of Residence in Baltimore. Life

C6327

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 25 1862

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. J. Findling

(Address) 46 Garrison Lane.

Filed 11/11 1907 HEALTH OFFICER'S PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 9th 1907

that I last saw h alive on Nov 9th 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Anemia & Gen Debility

(DURATION) 3 DAYS

Contributory (Primary) (Primary a Uterine Cancer)

Cachexia (DURATION) DAYS

(Signed) J. Lamy Mears M.D.

Address 11 W Camden St.

Date Nov 10 1907

Place of Burial London Park

Date Nov 11 1907

Undertaker Jno Geo P. Paulus

Address 2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. 2

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Brokins.

{ Residence, if in Baltimore, Give Street and Number. } Georgetown Md.

Duration of Residence in Baltimore. 14 Days

C6328

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): Worton, Kent Co Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Bowen

(Address) Md. General Hospital

Filed 11/11 1907

HENRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-8 1907

I HEREBY CERTIFY, That I attended deceased from 10-25 1907 to 11-8 1907

that I last saw h alive on 11-8 1907

and that death occurred, on the date stated above, at 6:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) 4 months. DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date Nov. 8, 1907

Place of Burial Tolchester, Kent Co Md

Date November 11th, 1907. 190

Undertaker Wm. M. Gawthrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 600 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Grill

{ Residence, if in Baltimore, Give Street and Number. } 600 N. Castle St.

Duration of Residence in Baltimore. Life C6329

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 5th 1886

AGE: 21 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Godfried Grill

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Flora Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Godfried Grill

(Address) 600 N. Castle

Filed 11/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9/ 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8/ 1907 to Nov 9/ 1907

that I last saw him alive on Nov 8/ 1907 5.10 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 Yr DAYS

(Signed) A. G. Rytina M.D.

Address 2204 E. Monument St

Date Nov 11th 1907

Place of Burial Holy Redeemer Cem.

Date 11/12/07 190

Undertaker Henrig & Son

Address 1008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeth's Home - St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Snoll

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. 5 weeks.

C6330

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: Black.

DATE OF BIRTH: Sept. 24, 1907

AGE: ... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Md. (Hanford Co)

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Priscilla Snoll

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Mattoon Supt Home

(Address) St Elizabeth Home St Paul St.

Filed 11/11 1907 HENRY C. ANDREWS; PERMIT CLERK; Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1907 to Nov. 7 1907 that I last saw him alive on Nov. 7 1907, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 6 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St

Date 190

Place of Burial Cathedral Cemetery

Date November 11 1907

Undertaker Felix B Pope

Address 112 E. Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Fort J Frederick (in road) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C6331

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: male / COLOR: White	DATE OF DEATH: found Nov. 7, 1907
DATE OF BIRTH: Unknown 1	I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190
AGE: 40 years, — months, — days	that I last saw h — alive on — 190 —
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not Known	and that death occurred, on the date stated above, at — M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country)	Accidental drowning
FULL NAME OF FATHER	(DURATION) — DAYS
BIRTHPLACE OF FATHER (State or country)	Contributory (Primary.)
MAIDEN NAME OF MOTHER	(DURATION) — DAYS
BIRTHPLACE OF MOTHER (State or country)	(Signed) Benj. D. Hayden M.D.
OCCUPATION OF DECEASED	Address 1216 N. Caroline St.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Nov. 8, 1907
(Informant) B D Hayden	Place of Burial PUBLIC CEMETERY.
(Address) 1216 N Caroline St	Date Nov 9 1907
Filed 11/11 1907 HARRY C. [illegible] Registrar PERMIT CLERK.	Undertaker Commissioner Health,
	Address Health Dept

WM. J. C. DULANY CO., BALTIMORE

12 46

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Hirshmeyer Jr

{Residence, if in Baltimore, Give Street and Number.} 629 Hanover St.

Duration of Residence in Baltimore. Lifetime C 6332

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 3 1907

AGE — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John H Hirshmeyer

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Kate Barry

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 629 Hanover

Filed 11/11 1907 HENRY G. ARDINGER Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 9 1907 to Nov 9 1907

that I last saw h[illegible] alive on 11.9 1907,

and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tetanus

(DURATION) 24 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. Dudlington M.D.

Address 1102 E Fort Ave

Date 11.9 1907

Place of Burial Loudon Park Cemetery

Date Nov. 12 1907

Undertaker J. F. Fahey

Address 1202 Hillsdale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 W Balto St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Laura J. Hammett.

{Residence, if in Baltimore, Give Street and Number.} 1531 W. Balto

Duration of Residence in Baltimore. 31 yrs. C6333

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Jan 8 1842
AGE	65 years, 10 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	David Hammett
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Sarah a Eigenbrode
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sue F Hammett

Address 1003 W Balto St

Filed 11/11 1907 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Nov. 10 1907

that I last saw her alive on Nov. 9 1907

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease -

Last attack - (DURATION) 68 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. Condon M.D.

Address 1403 N. Fayette St

Date November 10th 1907

Place of Burial Mt Olivet Cem

Date Nov 13 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2126 W Baltimore St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Brierley

Residence, if in Baltimore, Give Street and Number. 2126 W Baltimore St

Duration of Residence in Baltimore. 36 Years C6334

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 11 1842

AGE 65 years, 1 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Huddersfield England

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Foreman Shot Factory

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary A Brierley

(Address) 2126 W Balto St

Filed 11/11 1907

HARRY C. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9th 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to Nov 9th 1907

that I last saw him alive on Nov 5 1907

and that death occurred, on the date stated above, at 1.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

General Anasarca

(DURATION) 6½ Mos DAYS

Contributory (Primary.) Cardiac Dilation

(DURATION) DAYS

(Signed) M G. Smyth M.D.

Address 1628 W Lexington

Date Nov. 10th 07 1907

Place of Burial Loudon Park

Date Nov. 11 1907

Undertaker Jo B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

41

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 6335

Registered No. B.....

City of Baltimore, (No. Hospital for Women) Md St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Emma Virginia Gardner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: November (Month) 10 (Day) 1907 (Year)

AGE: 59 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jesse Marden

BIRTHPLACE OF FATHER (State or country): New Hampshire

MAIDEN NAME OF MOTHER: Roxana Brown

BIRTHPLACE OF MOTHER (State or country): New Hampshire

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sallie E. Gardner

(Address) 2650 Maryland ave

Filed 11/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Nov. 10 1907

that I last saw h.e alive on Nov 9 1907,

and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Cancer of Rectum

About 6 Mos (DURATION) DAYS

Contributory Suppression of Urine

(DURATION) 13 DAYS

(Signed) Chas E. Sadtler M. D.

Nov 10 1907 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2650 Maryland ave — How long at Place of Death? 33 Days

Where was disease contracted, if not at place of death? at her home

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Nov. 12 1907

UNDERTAKER: Jos. Bloch — ADDRESS: 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Isabella Tomlin

{Residence, if in Baltimore, Give Street and Number.} Bay View (1107 Division St)

Duration of Residence in Baltimore.

C6336

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alfonso Tomlin

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Delia Pain

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J Sullivan

(Address) 1107 Division St

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov. 9 1907

that I last saw her alive on Nov. 9 1907

and that death occurred, on the date stated above, at 8.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Robt P. Day M.D.

Address Bay View

Date Nov. 9 1907

Place of Burial Cove's Wharf, Va. Northumberland Co

Date Nov. 12th 1907

Undertaker Alex Beasley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 W. Patterson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gerhard Carsten

{Residence, if in Baltimore, Give Street and Number.} 1215 W. Patterson ave

Duration of Residence in Baltimore. Life

C6337

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov 18th 1896

AGE: 10 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Henry Fredk Carsten

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Sieck

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Carstens

(Address) 1215 Patterson ave

Filed 11/11 1907

HARRY C. ARDINGS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1907 to Nov 10 1907 that I last saw him alive on Nov 10 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia and Pulmonary Hemorrhagia, complicating Typhoid fever

(DURATION) 9 wks DAYS

Contributory (Primary.) Asthenia

(DURATION) 9 wks DAYS

(Signed) Henry C. Thee M.D.

Address 1203 W. Fayette St

Date Nov - 10 1907

Place of Burial St. Pauls German Lutheran Within ave Ext

Date Nov 12th 1907

Undertaker Geo Weber

Address 1155 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

11L

(Place of Death.) No. 913 St. Munroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Frederick

{ Residence, if in Baltimore, Give Street and Number. } 913 St. Munroe St

Duration of Residence in Baltimore. Life C6338

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 17 18[illegible]

AGE: 73 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single,

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Christopher Frederick

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Elizabeth Volkmar.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Laura Sheetz

(Address) 913 St. Munroe St

Filed 11/11 190 7

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9. 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to Nov 9 1907

that I last saw him alive on Nov 8 1907, and that death occurred, on the date stated above, at 6.30 a M.

CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date Nov 9. 1907

Place of Burial Western Cemetery

Date Nov 12th 1907

Undertaker George Burk

Address 594 N. Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick E Kittrick

{ Residence, if in Baltimore, Give Street and Number. } 1617 Aliceanna St.

Duration of Residence in Baltimore. 37 yrs C6339

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Mar 17 1868	
AGE 39 years, 7 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	New York
FULL NAME OF FATHER	M. Kittrick
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Liza Sheridan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Can Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August J. Lobereth

(Address) 1617 Aliceanna St.

Filed 11/11 1907 HARRY C. JENKINS, PARUIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 9 1907 that I last saw h[illegible] alive on Nov 8 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Nov 9 1907

Place of Burial Cathedral Cem

Date November 13 1907

Undertaker John E Ehrmantraut

Address 1428 Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6340

City of Baltimore, (No. 6 Kaufman Court St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kathanne Scanlan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1835 (Year)

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER — Mc Ramon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED. None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Brady

(Address) 315 S. Fremont Ave

Filed 11/11 1907 HARRY C. INDRIS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 11 1907 to November 11 1907

that I last saw her alive on Nov 9th 1907,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(DURATION) 30 DAYS

Contributory Heart disease

(Myocarditis) (DURATION) — DAYS

(Signed) Fannie N. Browne M. D.

Nov 11th 1907 (Address) 1223 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Vincents Cemetery

DATE OF BURIAL Nov 11 1907

UNDERTAKER F. A. Krause & Bro

ADDRESS 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6341

Registered No. B

City of Baltimore, (No. 824 Fenwyck St., Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha E. Green

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR C

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 38 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. A. Elliott

(Address) 506 Rogers Ave

Filed 11/11 1907

HARRY C. ANDREWS, Registrar

WM. J. C. DULANY, Deputy Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1907 to Nov 8 1907 that I last saw h[illegible] alive on Nov. 8 1907, and that death occurred, on the date stated above, at [illegible] P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. A. L. Ley M. D.

1907 (Address) 733 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion	Nov 11 1907
UNDERTAKER R A Elliott	ADDRESS 506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Jacques Ellig

{ Residence, if in Baltimore, Give Street and Number. } Highlandtown Md

Duration of Residence in Baltimore. ?

C 6342

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address) .....

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7 1907

I HEREBY CERTIFY, That I attended deceased from September 28 1907 to November 7 1907

that I last saw him alive on November 7 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

..... (DURATION) .....

Contributory (Primary.)

..... (DURATION) .....

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date Nov 11 1907

Place of Burial JOHNS HOPKINS HOSPITAL NOV 11 1907

Date .....

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Lee

{ *Residence, if in Baltimore, Give Street and Number.* } St. Elizabeths Home

Duration of Residence in Baltimore. Life

C6343

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: Black.

DATE OF BIRTH: Oct. 6, 1907

AGE: ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Eliza Lee

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mildred

(Address) St Elizabeth

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 31 1907 to Nov. 10 1907 that I last saw h[illegible] alive on Nov. 10 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolyne

Date 1907

Place of Burial Cathedral Cemetery

Date Nov. 11 1907

Undertaker Felix B. Pyse

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

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CERTIFICATE OF DEATH.

(Place of Death.) No. Bethany City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maurice Reed.

{Residence, if in Baltimore, Give Street and Number.} 713 Forest st.

Duration of Residence in Baltimore. 7 f. C6344

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH August 7th 1889

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Hart A. Reed.

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Elizabeth Kane

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Elizabeth Reed

(Address 713 Forest

Filed 11/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 10 - th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Nov 10 1907

that I last saw h alive on Nov 10 1907

and that death occurred, on the date stated above, at 6

P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 16 DAYS

Contributory (Primary) Epilepsia

(DURATION) — DAYS

(Signed) H W Eshleman M.D.

Address Bnch City Hospital

Date Nov 10 - 1907

Place of Burial New Cathedral Cem.

Date Nov 13 1907.

Undertaker M. Duffy & Son

Address 17 E. Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 W Henrietta st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carl Thomas

{Residence, if in Baltimore, Give Street and Number.} 1 W. Henrietta st

Duration of Residence in Baltimore. 22 yrs C 46345

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 17th 1839

AGE 68 years, 7 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Husband of Lena Thomas Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Thomas

(Address) 1 W Henrietta st

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 5th 1907 to Nov. 10 1907 that I last saw h~~im~~ alive on Nov. 10 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of heart

Pericarditis

about two ~~months~~ (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas Deegan M.D.

Address 21 W. Franklin St.

Date Nov. 11th 1907

Place of Burial Cedar Hill Cem

Date Nov 12th 1907

Undertaker E Schlosman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 939 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Thomas Zelenka

{ Residence, if in Baltimore, Give Street and Number. } 939 N. Durham St

Duration of Residence in Baltimore. Life C6346

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 19 1907

AGE ..... years, 6 months, 3 wks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Zelenka

BIRTHPLACE OF FATHER (State or country) Baltimre

MAIDEN NAME OF MOTHER Anna Ocenaska

BIRTHPLACE OF MOTHER (State or country) Baltimre

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Zelenka

(Address) 939 N Durham St

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10th 1907

I HEREBY CERTIFY, That I attended deceased from Abt Oct 6th 1907 to Nov 10th 1907

that I last saw him alive on Nov 9th 1907,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 1 mo DAYS

Contributory (Primary.) Exhaustion ?

(DURATION) ? DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Augusta St

Date Nov 11th 1907

Place of Burial Holy Redeemer

Date Nov 12 1907

Undertaker Grant & Quack

Address 1914 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 708. N Carey Sturt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Matilda Baynes.

{Residence, if in Baltimore, Give Street and Number.} 708 N. Carey St.

Duration of Residence in Baltimore. 35 years C6347

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1834 1
AGE	73 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Co.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. G. Price

(Address) 708 N. Carey st

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9th. 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 6. 1907 to Nov 9 1907 that I last saw h.r alive on Nov 9 1907. and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age and Gen. Debility (DURATION) ~~DAYS~~

Contributory (Primary.) 6 mos (DURATION) DAYS

(Signed) G. W. Slater M.D.

Address 1703. W. Baltimore

Date Nov 10 1907

Place of Burial Friends Burying ground Fairfax Road

Date Nov. 12th 1907

Undertaker G. & J. Smith & Co

Address 100 N. Paca St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 302. Collins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse Hiram Murray

{Residence, if in Baltimore, Give Street and Number.} 302 Collins ave

Duration of Residence in Baltimore. 50

C6348

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH March 11 1828	
AGE 79 years, 4 months, 22 days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Cynwll Co Md
FULL NAME OF FATHER	John S. Murray
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah Eckler
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Effie J. Murray

(Address) 302 Collins Ave

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Nov 9 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1245 P.M.

CAUSE OF DEATH (Secondary or Immediate) Shock - Drank Aqua Ammonia by mistake for medicine

1 Day (DURATION) DAYS

Contributory (Primary) Dropsy Bright's Disease (DURATION) 3 yrs DAYS

(Signed) Chas E Jones M.D. Coroner

Address

Date Nov-9 1907

Place of Burial Mount Olivet Cemetery

Date Nov 12 1907

Undertaker George J. Smith Co

Address 1000 Fayette Street

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43

CERTIFICATE OF DEATH.

Registered No. B C 6349

City of Baltimore, (No. 2034 N. Calvert St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen M. Cochran

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 11 (Day) 1845 (Year)

AGE: 62 years, 3 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Capt. William Myers

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ward

BIRTHPLACE OF MOTHER (State or country): Fairhaven, Md

OCCUPATION OF DECEASED: Living at Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice S. Parkhurst M.D.

(Address) 1410 Park Avenue

Filed 11/11 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 10th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from November 1902 to Nov 10 1907

that I last saw her alive on Nov 10 1907.

and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Seirrhous Carcinoma of right Breast—

Immediate ~~duration~~ DAYS

Contributory due to Anaemia

(DURATION) DAYS

(Signed) Alice S. Parkhurst M. D.

Nov 10 1907 (Address) 1410 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: From Undertaker

DATE OF BURIAL: Nov 12 1907

UNDERTAKER: Eug. Smith Co

ADDRESS: Pimlico

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 637 W Lafayette Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Sarah E Polley

{ Residence, if in Baltimore, Give Street and Number. } 637 W Lafayette Ave

Duration of Residence in Baltimore. Life

C6350

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1871

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Polley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Randell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Polley

(Address) 637 Lafayette Ave

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to Nov 10 1907 that I last saw h er alive on Nov 10 1907, and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 4 Years

(Signed) John E Huck M.D.

Address 647 W Lafayette Ave

Date Nov 10 1907

Place of Burial New Cathedral

Date Nov 13 1907

Undertaker A. Fahey & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Belle Lewis

{ Residence, if in Baltimore, Give Street and Number. } Havre de Grace. Md.

Duration of Residence in Baltimore. —

C6351

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: White	DATE OF DEATH: November 9" 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Nov 9 1907
AGE: 32 years, months, days	that I last saw her alive on Nov 9 1907,
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married	and that death occurred, on the date stated above, at 7.40 P.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Md	Toxemia of Pregnancy
FULL NAME OF FATHER: Rev J. B. Jones	
BIRTHPLACE OF FATHER (State or country): Milton Del	(DURATION) DAYS
MAIDEN NAME OF MOTHER: Anna Bell	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country): Va	(DURATION) DAYS
OCCUPATION OF DECEASED: Housework	(Signed) Wm O. Pauli M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address Johns Hopkins Hospital
(Informant) Rev Robt A Jones	Date Nov 10 1907
(Address) Havre de Grace Md	Place of Burial Havre de Grace Md
Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date Nov 12 1907
	Undertaker Robt Lippman
	Address 1422 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1113 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H. Eder

{ Residence, if in Baltimore, Give Street and Number. } 1113 N. Milton Ave.

Duration of Residence in Baltimore... Life C6352

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 3, 1889

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas. J. Eder

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Sylvina G. Edelman

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. J. Eder

(Address 1113 N. Milton Ave

Filed 11/11 1907 HARRY C. ANDREWS, PERMIT CLERK. of Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1907 to Nov. 9, 1907

that I last saw him alive on Nov. 9, 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation 2 yrs

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave.

Date Nov. 12 1907

Place of Burial Baldwin

Date Nov 12 190...

Undertaker Robt. Johnson

Address 1242 N. Eden St.

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

33

CERTIFICATE OF DEATH.

Registered No. B C 6353

City of Baltimore, (No. 1418, Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Horace Hall Buck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 6 (Month) 28 (Day) 1853 (Year)

AGE: 53 years, 4 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country): Hartford Conn

FULL NAME OF FATHER: George Buck

BIRTHPLACE OF FATHER (State or country): Hartford Conn

MAIDEN NAME OF MOTHER: Lucy Farrar Hall

BIRTHPLACE OF MOTHER (State or country): New Ipsmich N.H.

OCCUPATION OF DECEASED: Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. H. Buck

(Address) Cheshire Conn

Filed Nov 12 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 22d 1907 to Nov 12th 1907

that I last saw him alive on Nov 11th 1907,

and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Tuberculosis of Kidney and Bladder. Stone in Kidney many years (DURATION) DAYS

Contributory Operation followed by Anuria (DURATION) 3 DAYS

(Signed) Howard A. Kelly M. D.

Nov 12 1907 (Address) 1418 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cheshire New Haven Co. Conn

DATE OF BURIAL: Nov 12 1907

UNDERTAKER: Stewart & Mowen Co

ADDRESS: 215 Park Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 S. Regester St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William J. Quirk

{ Residence, if in Baltimore, Give Street and Number. } 408 S. Regester st

Duration of Residence in Baltimore. Life

C 6354

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 20th 1877

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wm J. Quirk

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Clock

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Quirk

(Address) 408 S. Regester st

Filed 11/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1907 to Nov 11 1907

that I last saw h alive on Nov 4 1907,

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Gentry, M.D.

Address 111 E. Eager st

Date Balto City Nov 12, 1907.

Place of Burial Holy Redeemer Cemetary

Date November 15th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

C 6355

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Revelle

{ Residence, if in Baltimore, Give Street and Number. } 1504 W. Fayette

Duration of Residence in Baltimore. Life

C6355

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: April 19th 1854

AGE: 53 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Peter Revelle

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Nugent

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Revelle

(Address) 1504 W. Fayette St.

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 11th 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured thigh & internal injuries.

(DURATION) 2 DAYS

Contributory (Primary.) Suicide by jumping from bridge (DURATION) 2 DAYS

(Signed) Wm. Baldwin M.D.

Address 700 Lig. ave. (County)

Date Nov. 11th 1907

Place of Burial New Cathedral Cemetery

Date Nov. 13th 1907

Undertaker C. H. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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CERTIFICATE OF DEATH.

9 V V

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beile Slabogoski

{Residence, if in Baltimore, Give Street and Number.} City Hosp.

Duration of Residence in Baltimore. 6 days C 6356

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 7 yrs ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Russ.

FULL NAME OF FATHER Pinkis Slabogoski

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Stivie Slabogoski

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital

(Address)

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 11 1907

that I last saw her alive on Nov 11 1907

and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W W Esher M.D.

Address Balt City Hospital

Date 1907

Place of Burial Rose Dale Cemetery Helena

Date Nov 13 1907

Undertaker Max Leinzer

Address 162 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6357

City of Baltimore, (No. 1119, Whitelock St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriett Harrod

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1840 (Month) (Day) (Year)

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert Co Md.

FULL NAME OF FATHER: Benjamin Forten

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Harriet Fortes

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Corbett

(Address) 1014 Woodyear Ave

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1907 to Nov 9 1907 that I last saw her alive on Nov 9 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

General Breakdown

(DURATION) 3 Months DAYS

Contributory Congestion Lungs & Heart Failure (DURATION) 3 DAYS

(Signed) C A Dawes M. D.

Nov 12 1907 (Address) 923 N Carroll

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: East Arbun

DATE OF BURIAL: Nov 12 1907

UNDERTAKER: Wm J. Johnson

ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 568 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Lee

{ Residence, if in Baltimore, Give Street and Number. } 568 Baker st.

Duration of Residence in Baltimore... 25 years. C6358

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH March 20th 1863

AGE 44 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lee

(Address) 568 Baker st

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 10 1907 that I last saw h[illegible] alive on Nov 10 1907, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis — (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) E. L. Link M.D.

Address 1313 W North ave

Date Nov 11th 1907

Place of Burial St Peters

Date Nov 13 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 L

CERTIFICATE OF DEATH.

Registered No. B C 6359

City of Baltimore, (No. 1403, E Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Vancourt

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec (Month) 13 (Day) 1875 (Year)

AGE 31 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John H. Vancourt

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Annie Hotten

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Vancourt

(Address) 1403 E Preston St.

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 16 1907 to Nov 10 1907

that I last saw her alive on Nov 10 1907,

and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) DAYS

Contributory Pulmonary Hemmorhages

(DURATION) DAYS

(Signed) J. Walker Thomas M. D.

11 11 1907 (Address) 1225 N. Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov 13 1907

UNDERTAKER J. Henry Lutz

ADDRESS 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Ward

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 824 W. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sylvester N Richardson

{Residence, if in Baltimore, Give Street and Number.} 824 W. North ave

Duration of Residence in Baltimore. 30 years 6360

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1839

AGE 68 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Ridgeway

(Address) 824 W Fortlan ave

Filed 11/12 1907

MARY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Nov 10 1907 that I last saw h-- alive on Nov 10 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) Over DAYS

(Signed) J. McHundley M.D.

Address 1009 Cathedral

Date Nov 11 1907

Place of Burial Loudon Park

Date Nov 12 1907

Undertaker J. Turnbull & Co

Address Cathedral

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Leclaire

{ Residence, if in Baltimore, Give Street and Number. } Immigrant child

Duration of Residence in Baltimore. ~~Same~~. C 6361

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH 1	
AGE ..... years, 8 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED S	
BIRTHPLACE (State or country) Austria	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED child	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Shoemacher Co.

(Address) 5 S. Gay St.

Filed 11/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 – 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 11 1907 that I last saw h e alive on Nov 11 1907 and that death occurred, on the date stated above, at 8.35 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Marasmus —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H H Baker M.D.

Address Balto City Hosp

Date Nov 12 – 1907

Place of Burial Mt Evangelical Cemetery

Date Nov. 12 1907

Undertaker Flanders & Sons

Address 1707-1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1303 Pressman St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Cook

{ Residence, if in Baltimore, Give Street and Number. } 1303 Pressman St

Duration of Residence in Baltimore. Twenty years C6362

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: (illegible) 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marcus Cook

(Address) 1303 Pressman St.

Filed 11/12 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 11 th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Unknown (DURATION) DAYS

Contributory (Primary.) Bright's

Disease (DURATION) DAYS

(Signed) Silas Baltimore M.D.

Address 700 Log. Ave. (Corner)

Date Nov. 11 th 1907

Place of Burial Laurel

Date Nov 13 th 1907

Undertaker JAMES H. DENNIS 1832 PRESSTMAN ST.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

76 V

(Place of Death.) No. 1105 Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John William Robert Hasse

{ Residence, if in Baltimore, Give Street and Number. } 1105 Potomac St.

Duration of Residence in Baltimore. Life - C6363

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 16th 1906

AGE: 1 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Emil A. Hasse

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ida Luckan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil A. Hasse

(Address) 1105 Potomac St.

Filed 11/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Nov 10th 1907

that I last saw him alive on Nov 9th 1907,

and that death occurred, on the date stated above, at 5-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 5 DAYS

Contributory (Primary.) Suppurating Otitis Media (DURATION) 5 DAYS

(Signed) C. N. Kilby, M.D.

Address 2 Hudson St Ext.

Date Nov 11th 1907

Place of Burial 1st Evangelical Lem

Date Nov. 12th 1907

Undertaker H. Sander & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

6 6364

65

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 W. Eutaw St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Leonard

{ Residence, if in Baltimore, Give Street and Number. } 1033 W. Eutaw St.

Duration of Residence in Baltimore. 63 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 15, 1820

AGE: 87 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Lynch.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Leonard

(Address) 1033 W. Eutaw St.

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to Nov 11 1907

that I last saw h[illegible] alive on Nov 10 1907,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Softening & Bronchitis

(DURATION) 200 DAYS

Contributory (Primary.) Old Age

(DURATION) DAYS

(Signed) Edward Blackwell M.D.

Address 208 Aisquith St

Date Nov 12 1907

Place of Burial St. Patricks Cemetery

Date November 13, 1907

Undertaker Henry W. Mears 2nd Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97 C

CERTIFICATE OF DEATH.

Registered No. B C 6365

City of Baltimore, (No. 921 McDonough St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daisy Fowler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St. Mary's Co., Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): St. Mary's Co., Md

MAIDEN NAME OF MOTHER: Annie Barnes

BIRTHPLACE OF MOTHER (State or country): St. Mary's Co. Md

OCCUPATION OF DECEASED: Housewoker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dallas F. Fowler

(Address) 921 McDonough

Filed 11/12 1907 HARRY C. ANDREWS, M.D. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 10 1907 that I last saw her alive on Nov 8 1907, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Acute Phthisis

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) Geo F. Taylor M. D.

11-10 1907 (Address) 1254 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Nov 12 1907

UNDERTAKER: R Hallwell — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche E. Morsell

{Residence, if in Baltimore, Give Street and Number.} 616 Mosher Street

Duration of Residence in Baltimore. 12 years C 6366

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Queen's Anne Co. Md.

FULL NAME OF FATHER: H. Henry Davenport

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Bessie Meredith

BIRTHPLACE OF MOTHER (State or country): Queen's Anne Co. Md.

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer Morsell

(Address) 616 Mosher St. Balto Md.

Filed 11/12 1907 MARY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 10th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1907 to Nov 10th 1907 that I last saw h[er] alive on Nov. 9th 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis

9 Months (DURATION) DAYS

Contributory (Primary.) Anemia

Many Years (DURATION) DAYS

(Signed) J. Marcus Boyancio M.D.

Address 480 W. Biddle Street

Date November 11th 1907

Place of Burial Mt. Auburn

Date Nov 12 1907

Undertaker W. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Bellevue City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Dunlap

{Residence, if in Baltimore, Give Street and Number.} 1113 S. Wight St.

Duration of Residence in Baltimore.... L. C6367

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W.

DATE OF BIRTH Mar 26 1879

AGE 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John H Dunlap

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna E Billington

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Boxmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Billington

(Address) 1611 E Pratt St

Filed 11/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9- 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Nov 9 1907

that I last saw h alive on Nov 9 1907

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cyphiloid Fever

(DURATION) DAYS

Contributory (Primary.) Spinal Epilepsy

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Balto City Hospitals

Date Nov 10 1907

Place of Burial Dallas Cemetery

Date Nov 13 1907

Undertaker Robert J Thompson

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6368

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 836 Warner St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph Nehemiah Brown.

{ Residence, if in Baltimore, Give Street and Number. } 836 Warner St

Duration of Residence in Baltimore. 2 yrs C 6368

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: August 23. 1905

AGE: 2 years, 2 mont's, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Kent Island Md.

FULL NAME OF FATHER: Benjamin Brown 6

BIRTHPLACE OF FATHER (State or country): Kent Island.

MAIDEN NAME OF MOTHER: Rosy A Johnson 6,

BIRTHPLACE OF MOTHER (State or country): Kent Island

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Brown 6 father

(Address) 836. Warner St

Filed 11/12 1907 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1907

I HEREBY CERTIFY, That I attended deceased from ~~[illegible]~~ 190 to 190

that I last saw ~~[illegible]~~ alive on 190

and that death occurred, on the date stated above, at 1.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) DAYS

(Signed) Otto McReinhardt M.D.

Address Coroner

Date November 12 1907

Place of Burial Mt. Auburn Cem

Date Nov. 12 1907

Undertaker John H. Toadvine

Address 14 S. Withill Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 516, S. Duncan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Marie Zimmerman

{ Residence, if in Baltimore, Give Street and Number. } 516, S. Duncan Alley.

Duration of Residence in Baltimore. Life C6369

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Nov. 28 — 1906 ~~1907~~

AGE ..... years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm. Zimmerman

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Annie Cronin

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Cronin

(Address) 516, S. Duncan Alley

Filed 11/12 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. — 10 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1907 to Nov. 10 1907 that I last saw h er alive on Nov. 9 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Colitis; exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Congenital Syphilis

(DURATION) 347 DAYS

(Signed) Pierre C. Dausch M.D.

Address 121 — Jackson Square

Date Nov. — 11 — 1907

Place of Burial Mt. Carmel Cem

Date 11/12/07 190

Undertaker J. Herring Son

Address 900 S Albans St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6370

City of Baltimore, (No. 312, W. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Guages

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 83 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nat Knobre

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Rinly

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary A Shore

(Address) 312 W Preston St

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1907 to Nov 10 1907 that I last saw her alive on Nov 10 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Old age

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Wilbur P. Morgans M. D.

Nov 11 1907 (Address) 715 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 11/13 1907

UNDERTAKER: Wm J Schilling

ADDRESS: 91 S. Poppleton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

C 6371

Registered No. B 190 7

City of Baltimore, No. On board Schooner "Josephine" ..... St. (Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Robert Riley Mariner

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 42 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York State

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Howard

(Address) Baltimore Md.

Filed 11/12 190 7 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 11th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1907 to Nov 11th 1907 that I last saw him alive on Nov. 10th 1907, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Valvular disease of the heart.

Engorgement of Lungs

Last Illness (DURATION) 10 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John D. Sisk M. D.

Nov 11 1907 (Address) 31 South Kay St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Balto How long at Place of Death? 28 Days

Where was disease contracted, if not at place of death? Baltimore Md

PLACE OF BURIAL OR REMOVAL New Methodist | DATE OF BURIAL Nov 13 1907

UNDERTAKER Trudell & Lape | ADDRESS No 330 S. [illegible]

Mr. Robert Riley illness lasted all the trip from Savannah. He was unable to perform any duty.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1920 Union Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Doyle C6392

{Residence, if in Baltimore, Give Street and Number.} 1920 Union Ave.

Duration of Residence in Baltimore. 23 mo. 9 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Dec. 1st 1905

AGE ..... years, 23 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Jos. Doyle

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Doyle

(Address) 1920 Union Ave.

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1907 to Nov 10th 1907

that I last saw her alive on Nov 10th 1907,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 4 DAYS

Contributory (Primary.) Broncho-pneumonia

(DURATION) 7 DAYS

(Signed) C. G. Bucher M.D.

Address 1337 E. North Ave

Date Nov 12th 1907

Place of Burial Holy Cross Cem.

Date Nov. 12" 1907

Undertaker Trudell Lippel Co.

Address 330 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6373

City of Baltimore, (No. 926 Brevard St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elijah Shelton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Co.

DATE OF BIRTH: ___ (Month) 1 (Day) Year)

AGE: 51 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Anthony Shelton

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Shelton

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Public Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth Shelton

(Address) 926 Brevard St

Filed 11/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Nov 12 1907 that I last saw h[illegible] alive on Nov 11 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Lower Bowel

about Two Yrs. (DURATION)

Contributory Carcinoma of Liver

Several months (DURATION)

(Signed) E. K. Ballard M. D.

Nov 12 1907 (Address) 1642 Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 13 1907

UNDERTAKER: H. W. Jenkins & Sons Co — ADDRESS: 300 W. Madison St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 ~~Fremont~~ Parrish Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. of Annie Washington

{ Residence, if in Baltimore, Give Street and Number. } 912 ~~Fremont~~ Parrish Alley

Duration of ~~Residence~~ in Baltimore. Life

C6374

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Nov. 10 th 1907

AGE: ~ years, ~ months, one days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Annie Washington

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Washington

(Address) 912 Fremont St.

Filed 11/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

..... (DURATION) 1 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Hoff. Av. (Country)

Date Nov. 11 th 1907

Place of Burial COLLEGE OF P. & S

Date NOV 12 1907 190

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

Without means to pay

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

177

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Marie Carrol

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C6375

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Aug 4 1907

AGE: ... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincent Infant Asy.

(Address) ...

Filed 11/12 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 8th 1907 that I last saw h alive on " 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 120 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Jas. Finlay M.D.

Address 9 E. Biddle St

Date Nov 9th 1907

Place of Burial New Cathedral

Date November 12 1907

Undertaker Martin Lahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Wallace

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C6376

PERSONAL AND STATISTICAL PARTICULARS	
SEX M.	COLOR W.
DATE OF BIRTH 1	
AGE ..... years, ... months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 11/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 9th 1907

that I last saw h alive on " 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9. E. Biddle St

Date Nov 11 th 1907

Place of Burial New Cathedral

Date November 12 1907

Undertaker Martin Fahey & Son.

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Inf Asyl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresa Lenhart.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime C6377

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W.
DATE OF BIRTH 1907	
AGE ..... years, 1 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vin Infl Asy

(Address)

Filed 11/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.0 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Patrick Martin M.D.

Address 10 nw Lafayette

Date Nov 12 1907

Place of Burial New Cathedral

Date November 13 1907

Undertaker Martin Paley & Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. 2404 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Miller

{Residence, if in Baltimore, Give Street and Number.} 2404 Jefferson st

Duration of Residence in Baltimore. 55 years. C6378

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: July 8th 1841	
AGE: 66 years, 4 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Jacob Hammerbacher	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Miller

(Address) 2404 Jefferson St

Filed 11/12 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jacob Carnitz M.D.

Address Corner Md

Date Nov 12 1907

Place of Burial St Evangelical Cemetery

Date Nov 14/07 190

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2502 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry A. Bates

{ Residence, if in Baltimore, Give Street and Number. } 2502 W. Baltimore St

Duration of Residence in Baltimore... Life C6379

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 16 1855

AGE 51 years, 10 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Bates

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ricca Seltzer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Bates

(Address) 2502 W Balto St

Filed 11/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Nov. 12 1907

that I last saw him alive on Nov 11 1907

and that death occurred, on the date stated above, at 7 45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 152 W. Fayette St

Date Nov. 12 1907

Place of Burial Westlern

Date Nov 14 1907

Undertaker Jno. B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 235 N. Carey St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter J. Schultz

{Residence, if in Baltimore, Give Street and Number.} 235 N. Carey St

Duration of Residence in Baltimore. Lifetime

C6380

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 16 1888

AGE 19 years, 1 months, 26 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Walter Schultz

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Henrietta C Stein

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 237 N Carey St

(Address) Mrs Henrietta Schultz

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 11 1907

that I last saw him alive on Nov 11 1907 at 10 30 P. M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Intestinal Perforation in Typhoid Fever complicating Typhoid Fever

(DURATION) 11 DAYS

Contributory (Primary) Asthenia

(DURATION) 4 DAYS

(Signed) Henry C. Ahlen M.D.

Address 1203 W. Fayette St

Date Nov 12 1907

Place of Burial London Park

Date Nov. 14. 1907

Undertaker Jos B Cook

Address 1003 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 6

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 21 Fonthill Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Augusta Orvis McCloskey

{ Residence, if in Baltimore, Give Street and Number. } 21 Fonthill Ave

Duration of Residence in Baltimore. 4 years C6381

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 24 1840

AGE: 67 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Jessie Orvis

BIRTHPLACE OF FATHER (State or country): New Hampshire

MAIDEN NAME OF MOTHER: Elizabeth —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss M. McCloskey

(Address) New Jersey

Filed 11/12 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 11 1907

I HEREBY CERTIFY, That I attended deceased from November 9 1907 to Nov 11 1907 that I last saw her alive on Nov 10 1907, and that death occurred, on the date stated above, at 12 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Cerebral~~ Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick Ave

Date November 11 1907

Place of Burial Mt Olivet Cem

Date Nov 14 1907

Undertaker J. J. Cook

Address 1037 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

Place of Death.) No. 733 N Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elanora Novacek

{ Residence, if in Baltimore, Give Street and Number. } 733 N Collington ave

Duration of Residence in Baltimore.

C6582

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Frank Novacek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Novacek

(Address) 733 N Collington ave

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1907 to Nov 1st 1907

that I last saw h[illegible] alive on [illegible] 1907,

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Cardiac Thrombosis (DURATION) DAYS

(Signed) Wm J Reymond M.D.

Address 2005 Oakland ave

Date Nov 11 1907

Place of Burial Holy Redeemer

Date Nov. 14 1907

Undertaker Frank Enoch

Address 1914 Oakland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1016 Forrest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Egan

{ Residence, if in Baltimore, Give Street and Number. } 1016 Forrest Place

Duration of Residence in Baltimore.....

C6383

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH 1838	
AGE 69 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Jno. A. McMahon
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ann Egan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Egan

(Address) 1016 Forrest Place

Filed 11/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 7th 1907 to Nov. 9th 1907 that I last saw h[er] alive on Nov. 9th 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) 3 DAYS

Contributory (Primary.)

Apoplexy (DURATION) 3 DAYS

(Signed) Robert E. Gross M.D.

Address 127 E. Biddle St

Date Nov. 11th 1907

Place of Burial Cathedral Cem.

Date Nov. 13th 1907

Undertaker Jno. A. Egan

Address Bank & Anneste.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fitz Hutchison

{ Residence, if in Baltimore, Give Street and Number. } U. S. Marine Hospital

Duration of Residence in Baltimore. 9 days C6384

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Negro

DATE OF BIRTH 1

AGE 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Barbados

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. J. Williams

(Address) Marine Hosp

Filed Nov 13 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1907 to Nov 12 1907

that I last saw h alive on Nov. 12 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cubas Pneumonia

(DURATION) 10 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) L. J. Williams M.D.

Address U. S. Marine Hospital

Date November 12 1907

Place of Burial Laurel Cem'y

Date Nov 13th 1907

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2203. Christian St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Schmitzlein

{Residence, if in Baltimore, Give Street and Number.} 2203. Christian St.

Duration of Residence in Baltimore. 20 years C6385

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: March, 6th 1862	
AGE: 45 years, 8 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Franz	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: dont know	
BIRTHPLACE OF MOTHER (State or country): Germany.	
OCCUPATION OF DECEASED: housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Schmitzlein

(Address) 2203 Christian St.

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November, 10th 1907

I HEREBY CERTIFY, That I attended deceased from Novbr. 9th 1907 to Novbr. 10th 1907 that I last saw h.ca alive on Novbr. 10th 1907, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suffered for 7 years with pul- monary phthisis, when called suffered with shortness of breath for several (DURATION) DAYS when she tried with asphyxia

Contributory (Primary) (DURATION) DAYS

(Signed) Fr. Schmitz M.D.

Address 2151. Wilkens Ave

Date November, 10th 1907

Place of Burial Western Greenlawn

Date Nove 13 1907

Undertaker Mrs Lee P Pauline

Address 2101 Frederick Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 921 Pear St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Davis.

{Residence, if in Baltimore, Give Street and Number.} 921 Pear St

Duration of Residence in Baltimore. 40 years C6386

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Colored

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Isaac Johnson.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Eliza Tasker

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Thomas.

(Address) 735 Pine St.

Filed 11/13/07

HARRY C. ANDREWS.
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 - 11 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 28 1907 to Nov. 11 1907 that I last saw her alive on Nov. 11 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cystitis.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 6 Months

(Signed) W. W. Barney M.D.

Address 2nd Gen. Hosp.

Date Nov. 12 1907

Place of Burial Mt. Auburn

Date Nov 13 1907

Undertaker R. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 W La Fayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Magdalene Dreyer

{Residence, if in Baltimore, Give Street and Number.} 1124 W La Fayette Ave

Duration of Residence in Baltimore. 55 Years 6387

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 27th 1833

AGE: 73 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Gaither

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Dreyer

(Address) 1124 Lafayette Ave

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: NOV 11 1907 190

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to NOV 11 1907

that I last saw h alive on NOV 11 1907

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Left Mamma of 8 years

When Removed 14 years ago

Recurrence (DURATION) ? DAYS

Con'tributory (Primary.) Carcinoma

of Body uterus (DURATION) DAYS

(Signed) Ned Fellhoff M.D.

Address N. E. Cor. Lafayette & Carrollton Aves.

Date NOV 11 1907 190

Place of Burial Baltimore Cemetery

Date November 13th 1907

Undertaker H. WAINRIGHT & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

KODAK ST

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2209 E. Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Ahrendt

{Residence, if in Baltimore, Give Street and Number.} 2209 Gough St

Duration of Residence in Baltimore. 50 Years C6388

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 12th 1849

AGE: 58 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Ahrendt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Charlotte Joredan

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bates

(Address) 2209 Gough St.

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 10th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to Nov 10th 1907

that I last saw h[illegible] alive on Nov 9th 1907,

and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary.) Recurrent Carcinoma of Uterus (DURATION) DAYS

(Signed) Arthur Webb M.D.

Address 2011 E. Pratt St

Date Nov 11th 1907

Place of Burial Baltimore Cemetery

Date November 13th 1907

Undertaker H. SANDER & SONS, 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Salabes

{ Residence, if in Baltimore, Give Street and Number. } 1100 N. Patterson Park Ave.

Duration of Residence in Baltimore. Life time C6389

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: S Salabes

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Saleman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Meyer Salabes

(Address) 1100 Patterson Park Ave

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 12 1907

that I last saw h... alive on Nov 12 190...

and that death occurred, on the date stated above, at 7.19 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 1 DAYS

Con'tributory (Primary.) Acute Nephritis

(DURATION) ... DAYS

(Signed) J. Frederick Leitz M.D.

Address 1340 N. North Ave

Date November 12 1907

Place of Burial Bath Hebrew Cemetery

Date November 13 190...

Undertaker D. Andrews Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 718 Butters alley St. 6.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A. Williams

{Residence, if in Baltimore, Give Street and Number.} 718 Butters alley

Duration of Residence in Baltimore. 2 mos. C6390

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: July 21 1907

AGE: ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): A. A. Co Md.

FULL NAME OF FATHER: George Williams

BIRTHPLACE OF FATHER (State or country): A A Co Md.

MAIDEN NAME OF MOTHER: Mary L Taylor

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L. Williams (mother)

(Address) 718 Butters alley

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH november 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo M Eichard M.D.

Coroner

Address .....

Date november 12 1907

Place of Burial Mt. Auburn St

Date Nov. 13 — 1907

Undertaker S. L. Brown & Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 649 Pierce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachael A. Bond

{ Residence, if in Baltimore, Give Street and Number. } 649 Pierce St

Duration of Residence in Baltimore. 35 Yrs C6391

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Monkton Balto. Co. Md

FULL NAME OF FATHER Isreal Burgess

BIRTHPLACE OF FATHER (State or country) Monkton Balto. Co. Md

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or country) ~

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Bond

(Address) 649 Pierce St

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1907 to Nov 12th 1907

that I last saw h.. alive on Nov 11th 1907

and that death occurred, on the date stated above, at 4.50 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Nephritis & Acute Uraemia

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jas. F. McCarthy M.D.

Address 656 W. Franklin St.

Date Nov. 12th 1907

Place of Burial Mt Auburn Cemetery

Date Nov 14 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 862 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Effie M Brooks

{ Residence, if in Baltimore, Give Street and Number. } 862 Park Ave

Duration of Residence in Baltimore. Life C6392

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored.

DATE OF BIRTH 4 Mar 1865

AGE 42 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr William Brooks.

(Address) 862 Park. Ave.

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Nov 11 1907

that I last saw h er alive on Nov 10 1907 3o

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrage

Cerebral Congestion

(DURATION) 10 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Walter W White M.D.

Address 1101 N. Broadway

Date Nov 11 1907

Place of Burial Mt. Zion Cemetery

Date Nov. 13. 1907

Undertaker Felix B. Pyle

Address 103 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6393

Registered No. B

City of Baltimore, (No. 2339, N. Calvert St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gen. Wm. Edw. W. Ross

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER William Henry Ross

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Frances R Miles

BIRTHPLACE OF MOTHER (State or country) Elkton Md

OCCUPATION OF DECEASED General in U.S. Army

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Ross

(Address) 134 Windermere Av

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11th 1907 to Nov. 12 1907

that I last saw h~~im~~ alive on Nov. 11th 1907,

and that death occurred, on the date stated above, at 3.25 a. m. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) Years

Contributory Edema of Brain (DURATION) Hours

(Signed) Harrison G. Carlson M. D.

1907 (Address) 2425 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Lundan Park | DATE OF BURIAL Nov 14 1907

UNDERTAKER H E Hughes | ADDRESS 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 6391 Registered No. B

CERTIFICATE OF DEATH. 744

(Place of Death.) No. 1027 N. Eutaw St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Ann. Strong

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 7 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown

AGE about 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Co. Md.

FULL NAME OF FATHER Joshua Bond

BIRTHPLACE OF FATHER (State or country) Balto. Co.

MAIDEN NAME OF MOTHER Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country) Balto. Co.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Pugh

(Address) 1027 N. Eutaw St

Filed 11/13" 1907 HARRY C. ANDREAS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11" 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10" 1902 to Nov 11" 1907 that I last saw h alive on Nov 11 1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senility

Senile (DURATION) — DAYS

Contributory (Primary.) Arteriosclerosis & Rheumatism (DURATION) — DAYS

(Signed) Wm. Bonifas, M.D.

Address 1305 Linden Ave

Date Balto. Nov. 11, 1907

Place of Burial Mt Olivet Cemetery

Date Nov 13th 1907

Undertaker Davies & Lear Co

Address 833 Lanvale Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 6395 Registered No. B C 6395

CERTIFICATE OF DEATH.

(Place of Death.) No 126 Calander St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Chance

{Residence, if in Baltimore, Give Street and Number.} 126 Calander St

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White.

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Talbot County Md.

FULL NAME OF FATHER Wm Slaughter

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Edw E Robertson

(Address) 627 W Germany St

Filed 11/13 1907 HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12th 1907

I HEREBY CERTIFY, That I attended deceased from June 17th 1907 to Nov 12th 1907

that I last saw her alive on Nov 11th 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Uterus

(DURATION) 1½ years DAYS

Con'ributory (Primary.) —

(DURATION) — DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Nov 12th 1907

Place of Burial Mt Olivet

Date Nov 14 1907

Undertaker Wm Cook

Address 520 E Hamilton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 10 C 6396 Registered No. B C 6396

CERTIFICATE OF DEATH.

25

(Place of Death.) No. 908 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Mullen

{Residence, if in Baltimore, Give Street and Number.} 908 Stirling St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Mullen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McCann

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Charles Koester

(Address) 908 Stirling

Filed 11/13 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1907 to Nov. 11 1907 that I last saw h— alive on Nov. 11 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James McLenton M.D.

Address 706 E Chase St

Date Nov 12 1907

Place of Burial New Cathedral Cemetery

Date Nov 14 1907

Undertaker Henry Stroeck & Son

Address 131 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 6397 Registered No. B C 6397

404

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine Donnelly

{Residence, if in Baltimore, Give Street and Number.} 931 " Lemon "

Duration of Residence in Baltimore. 4 " 5m

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1831

AGE 76 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew M. Nichols

(Address) 104 Tomlinson Ave

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 12 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Nov 12 1907 that I last saw her alive on Nov 12 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Carcinoma

1 year (DURATION) DAYS

Contributory (Primary.) Cachexia

(DURATION) 1 DAY

(Signed) Jos E. Hume M.D.

Address 833 Columbia

Date Nov 13 1907

Place of Burial Cathedral Cem-

Date Nov. 15 1907

Undertaker John D. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6398 Registered No. B ..... C 6398

CERTIFICATE OF DEATH. 274

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Charles Burnside

{ Residence, if in Baltimore, Give Street and Number. } Bay View (63 Jenkins Lane)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	White

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday Supt.

(Address) BAY VIEW ASYLUM

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 12 1907 that I last saw him alive on Nov 12 1907 and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Nv. 13 1907

Place of Burial Greenmount Cem

Date Nov 14 1907

Undertaker Evans & Spence

Address 118 & 120 W. 30th Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6399 — Registered No. B C 6399

CERTIFICATE OF DEATH.

19 v

(Place of Death.) No. 519 S. Monford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Williams

{Residence, if in Baltimore, Give Street and Number.} 519 S. Monford ave

Duration of Residence in Baltimore. 60 - years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 1 823

AGE 84 years — months — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER James Plummer

BIRTHPLACE OF FATHER (State or country) Cambridge

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John A Thomas

(Address) 519 S. Monford ave

Filed 11/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 9 1907 to Nov 10 1907 that I last saw h[er] alive on Nov 10 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) — DAYS

Contributory (Primary.) Myocarditis

(DURATION) — DAYS

(Signed) John Lotz M.D.

Address 2007 Eastern Ave

Date Nov 12 1907

Place of Burial Mt. Cavel

Date Nov 13 1907

Undertaker Robt J Lynch

Address 1742 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person, deceased, and the **cause and date of death.**

will call for

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6400

City of Baltimore, (No. 1925 Montrose ~~2119 Mount Royal~~ St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alfred Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1 (Month) (Day) (Year)
AGE	48 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Felix Kennedy
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Margaret McGuire
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Ex Police

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1210 N. Fountain

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 12th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1907 to Nov. 12th 1907

that I last saw him alive on Nov. 12th 1907,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Myocarditis Aortic regurgitation Suppression of Urine Dropsy Exhaustion

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm. Nicholls M. D.

Nov 12th 1907 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov 14 1907
UNDERTAKER	ADDRESS
John J. Fields	1210 N. Fountain

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6401 C 6401

Ward 17 Registered No. B 1202

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 Moore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Paul

{Residence, if in Baltimore, Give Street and Number.} 510 Moore St.

Duration of Residence in Baltimore. 20 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Color-ann

DATE OF BIRTH 1865 1

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co., Md.

FULL NAME OF FATHER Benj. Fanny

BIRTHPLACE OF FATHER (State or country) Calvert Co.

MAIDEN NAME OF MOTHER Charlotte Brown

BIRTHPLACE OF MOTHER (State or country) Calvert Co.

OCCUPATION OF DECEASED Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Dent

(Address) 920 Fenton Ave.

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/10 1907.

I HEREBY CERTIFY, That I attended deceased from 11/5 1907 to 11/10 1907 that I last saw h[illegible] alive on 11/10 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 10 DAYS

Contributory (Primary) Nephritis

Some years (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave.

Date 11/11 1907.

Place of Burial Mt. Auburn

Date Nov 13 — 1907

Undertaker R. T. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V. C 6402 Registered No. B C 6402

CERTIFICATE OF DEATH.

(Place of Death.) No. Clayst in rear of St Alphonsus Schools (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F. Welsh

{Residence, if in Baltimore, Give Street and Number.} 1824 E. Lombard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 1864

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jas. Welsh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Lavin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1824 E. Lombard.

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Ulcer 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1-35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D Hayden M.D.

Address 1216 N Caroline St.

Date Nov 12th 1907

Place of Burial St Ignatius Cemetery

Date Nov 16 1907

Undertaker Evans & Spence

Address 118 N Mt Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6403

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C 6403

City of Baltimore, (No. 106, Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jos. Schmidewitz

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Wellcom Schmidewitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Dy Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Schmidewitz

(Address) 117 N. Amity St

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 12 - 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May - 1907 to Nov 12 1907 that I last saw h— alive on " 12 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

1 wk - (DURATION) DAYS

Contributory Chronic Bronchitis

1 yr - (DURATION) DAYS

(Signed) Jas C Bruce M. D.

Nov 13 1907 (Address) 1713 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount Cem Co | DATE OF BURIAL NOV 13 1907

UNDERTAKER J Amuso | ADDRESS 75 & Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 6404 Registered No. B C 6404

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 N. Fulton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Sophia Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 1736 N. Fulton Ave.

Duration of Residence in Baltimore. Twenty four years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 23rd 1883

AGE: 24 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto- Md.

FULL NAME OF FATHER: Wm. A. Chalk

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ruth Miller.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. R. A. Chalk

(Address) 1736 N. Fulton Ave.

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Nov 1907 that I last saw h er alive on Nov 12 1907, and that death occurred, on the date stated above, at 8.13 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. C. Bode, M.D.

Address 1700 Maryland Ave

Date Nov. 13-07 1907

Place of Burial London Park

Date Nov 15th 1907

Undertaker John F. Fahey

Address 1232 William

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6405

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6405

City of Baltimore, (No. 3217 Westwood Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Orland Arthur Osborn

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Nov. (Month) 11th (Day) 1907 (Year)

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Irwin D. Osborn

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Amy Reed

BIRTHPLACE OF MOTHER (State or country) Iowa

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amy Osborn

(Address) 3217 Westwood Av.

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1907 to Nov. 13 1907

that I last saw him alive on Nov. 12th 1907,

and that death occurred, on the date stated above, at 4.30 A. M. The CAUSE OF DEATH was as follows:

Difficult labor, suspended circulation, did not breathe for a hrs

(DURATION) ..... DAYS

Contributory Weakness & poor circulation (DURATION) 2 DAYS

(Signed) E. A. Smith M.D.

Nov. 13 1907 (Address) 105 N Monroe Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	Nov. 14 1907
UNDERTAKER	ADDRESS
Chas. E. Francis	746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6406

Ward 14 — C 6406 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 Brunt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Julia Hopkins

{Residence, if in Baltimore, Give Street and Number.} 1409 Brunt St

Duration of Residence in Baltimore. Ten years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: John Wise

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cordelia Hayes

(Address) 1409 Brunt

Filed 11/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1907 to Nov. 12 1907

that I last saw h[illegible] alive on Nov. 12 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entral Insufficiency & Nephritis Secondary

Several Months (DURATION) DAYS

Contributory (Primary.) Over-work (DURATION) — DAYS

(Signed) Wheatley E. J. M.D.

Address 1230 E. Hill Ave

Date Nov. 12 1907

Place of Burial Staunton P O August Co Va

Date Nov 14 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 6407 Registered No. B C 6407

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 E. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. O. Mace

{ Residence, if in Baltimore, Give Street and Number. } 9 E Montgomery St.

Duration of Residence in Baltimore. 58 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 16 1834

AGE 73 years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mace

(Address) 9 E Montgomery St

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Nov 11 1907

that I last saw h alive on Nov 11 1907, 8.45

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 24 hours

Contributory (Primary.) Arteriosclerosis (DURATION) years

(Signed) Howard D Lewis M.D.

Address 423 Hanover St.

Date Nov 12 1907

Place of Burial Baltimore Cem

Date Nov 14 1907

Undertaker W. J. Tuckner & Sons

Address Edmondson & Paca

WM. J. C. DULANY CO., BALTIMORE.

Dr Howard Lewis 423 S. Hanover

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6408

City of Baltimore, (No. 32 S. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Held

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr. (Month) 4 (Day) 1837 (Year)

AGE: 70 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Bernard Neser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Lesner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Florist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss M. Held

(Address) 32 S Eutaw

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 11 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1907 to Nov 11 1907

that I last saw her alive on Nov 11 1907,

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Cancer of esophagus

9 Months (DURATION) DAYS

Contributory Natural Causes

9 months (DURATION) DAYS

(Signed) J. R. Arnold M. D.

Nov 11 1907 (Address) 8 W Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 14 1907

UNDERTAKER: H. J. Eichner & Sons — ADDRESS: 425 N Gamden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C 6409

Ward 15

C 6409

Registered No. B

14

CERTIFICATE OF DEATH.

(Place of Death.) No. Bard City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Watie A. Warfield

{ Residence, if in Baltimore, Give Street and Number. } 1906 W Fulton Ave.

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH about 30 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Lemuel Warfield

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER ~~Elizabeth~~ —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lem Warfield

(Address) 1906 W. Fulton Ave

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Nov 12 1907 that I last saw h alive on Nov 12 1907, and that death occurred, on the date stated above, at 2:25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

(DURATION) 31 DAYS

Contributory (Primary.) Septic Pneumonia

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Bard City Hospital

Date Nov 12 1907

Place of Burial Woodbine Howard Co

Date Nov - 15 1907

Undertaker W. J. Tuckner & Son

Address Camden & Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 6410 Registered No. B C 6410

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Jones

{ Residence, if in Baltimore, Give Street and Number. } N. E. H.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct-25th 1907

AGE: ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) N. E. H.

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov-12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov-12- 1907 that I last saw him alive on Nov-9th 1907, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 824 N Eutaw St

Date Nov 12 - 1907

Place of Burial Loudon Park

Date Nov 13 1907

Undertaker C. H. Blizzard & Co.

Address 1119 Pa ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6411 Registered No. B C 6411

CERTIFICATE OF DEATH.

(Place of Death.) No. 1422 N. Vincent St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Wm Thomas Nash.

{Residence, if in Baltimore, Give Street and Number.} 1422 N. Vincent St.

Duration of Residence in Baltimore. 17 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July 23 1869

AGE: 38 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wm T. Nash

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Louisa —

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Nash.

(Address) 1422 N. Vincent.

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11 - 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to Nov. 11 1907

that I last saw him alive on Nov. 11 1907.

and that death occurred, on the date stated above, at 11.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia.

(DURATION) 2 DAYS

Contributory (Primary.) Bright's disease. (DURATION) 30 DAYS

(Signed) A. L. Sanders M.D.

Address 1113 N. Gilmor St.

Date November 11 - 1907

Place of Burial Calvary Cemetery Norfolk Va

Date Nov 14 1907

Undertaker Sam'l H. Baer & Son

Address 1011 N. Calhoun

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6412

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6412

City of Baltimore, (No. 227 N. Amity St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mrs Margaret Coleman

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: B

DATE OF BIRTH: (Month) (Day) 1843 (Year)

AGE: 60 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Gloucester Co Va

FULL NAME OF FATHER: Philip Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sallie Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Coleman

(Address) 327 N. Amity St

Filed 11/13 1907

HARRY C. ANDREWS, PERMIT CLERK of Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 12th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Nov 12th 1907 that I last saw him alive on Nov 6 1907, and that death occurred, on the date stated above, at 8:30 A. M. The CAUSE OF DEATH was as follows:

Asthma, with respiratory failure

(DURATION) 10 DAYS

Contributory Pulmonary tuberculosis

(DURATION) 3 Cs DAYS

(Signed) H. J. Townsend M. D.

Nov 12 1907 (Address) 640 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Nov 15 1907

UNDERTAKER: Saml H. Hawkins — ADDRESS: 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th — C 6413 — Registered No. B C 6413

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 671 E Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Spriggs

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. About 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1852 1852

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) A. A. Co. Md

FULL NAME OF FATHER James Farraway

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Spriggs

(Address) 671 E. Green St

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31st 1907 to Nov 11 1907

that I last saw her alive on Oct 31st 1907,

and that death occurred, on the date stated above, at 5.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) DAYS

Contributory (Primary.) about one year (DURATION) DAYS

(Signed) J. D. Lightner Coroner M.D.

Address 211 N. Lanvale

Date 11. 12. 1907

Place of Burial Cathedral Cem

Date Nov 15th 1907

Undertaker Sam'l H. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6414 Registered No. B C 6414

CERTIFICATE OF DEATH.

41

(Place of Death.) No. 1500 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Turner

{Residence, if in Baltimore, Give Street and Number.} 1500 Baker st

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 17th 1828

AGE: 83 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: David Lanthurn

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. S. E. Davis

(Address) 1500 Baker st

Filed 11/13 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Nov 12 1907 that I last saw her alive on Nov 11 1907, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Cancer of Rectum (DURATION) 6 Mos DAYS

(Signed) W. G. Smith M.D.

Address 1628 W Lexington

Date Nov 12 1907

Place of Burial Woodlawn station Md

Date Nov 14 to Howard 1907

Undertaker E Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 6415 Registered No. B C 6415

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 277 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ludwiant Mentzer

{Residence, if in Baltimore, Give Street and Number.} 277 N. Exeter st.

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ostricy.

FULL NAME OF FATHER Lemmy Mentzer

BIRTHPLACE OF FATHER (State or country) Ostricy

MAIDEN NAME OF MOTHER Rachael Mentzer

BIRTHPLACE OF MOTHER (State or country) Ostrial

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/13 1907 Jack Abrahams

HARRY J. ABRAHAMS, PERMIT CLERK, Registrar

277 N. Exeter St.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12th 1907 to Nov 13th 1907 that I last saw h[illegible] alive on Nov 9th 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of stomach

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Slingluff M.D.

Address 5 N. Washington Sq.

Date November 13th 1907

Place of Burial Hebrew Friendship Ch

Date Nov - 14 1907

Undertaker May Levman

Address 620 Jno. Eldery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6416 — C 6416 — Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 967 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stepan Kohout

{Residence, if in Baltimore, Give Street and Number.} 967 N. Collington Ave

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Stepan Kohout

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teresa Kohout

(Address) 967 N Collington Ave

Filed 11/14 1907 — HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1907 to Nov. 11 1907 that I last saw h-in alive on Nov. 11, 1907, and that death occurred, on the date stated above, at 4:20 P. M., CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Park Ave

Date November 13, 1907

Place of Burial Holy Sepulcher

Date Nov. 17 1907

Undertaker Frank Brach

Address 1914 Eastland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6417 Registered No. B C 6417

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 828 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Fountain

{Residence, if in Baltimore, Give Street and Number.} 828 Druid Hill ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1855

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Barney

(Address) 828 Druid Hill Av

Filed 11/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Novbr 11th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Nov 11th 1907 that I last saw him alive on Nov 11th 1907 and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 21 DAYS

Contributory (Primary.) Bronchitis (DURATION) 60 DAYS

(Signed) Edward Ellis Mackenzie M.D.

Address 1339 W. North Ave.

Date Balto Nov 12th 1907.

Place of Burial Laurel Cemetery

Date Nov 14 1907

Undertaker John H. Tondrin

Address 1424 Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SAFETY FILM

Ward 7 C 6418 Registered No. B'd 11

CERTIFICATE OF DEATH. C 6418 66

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Cottman

{Residence, if in Baltimore, Give Street and Number.} 51 E. Hughes st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Susan Cottman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cottman

(Address) 51 E. Hughes St

Filed 11/14 1907 HARRY C. ANDREWS, PERRY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov. 11 1907 that I last saw him alive on Nov. 11 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

Cardiac Asthenia

3 hrs. (DURATION) DAYS

Con'tributory (Primary.)

Hemiplegia (DURATION) 3 Days

(Signed) J. H. Hegg M.D.

Address University Hospital

Date Nov. 12 1907

Place of Burial Mt. Auburn Cem.

Date Nov. 14 1907

Undertaker Jno. H. Toadvine

Address 142 Westfield St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 6419 Registered No. B C 6419

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 17 Pemfell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvenia Hebron

{Residence, if in Baltimore, Give Street and Number.} 17 Pemfell St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH May 1883 1

AGE 24 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Married~~ Single

BIRTHPLACE (State or country) Annapolis Maryland

FULL NAME OF FATHER Henry Hebron

BIRTHPLACE OF FATHER (State or country) Anne Arundel Co Md

MAIDEN NAME OF MOTHER Amelia Fletcher.

BIRTHPLACE OF MOTHER (State or country) Anne Arundel Co Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Blake

(Address) 1516 Baillods alley

Filed 11/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Nov 13 1907 that I last saw h alive on Nov 10 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles St.

Date Nov 13 1907

Place of Burial Annapolis Md

Date Nov. 14 1907

Undertaker Frank Brown

Address 142 West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 6420 — Registered No. B C 6420

CERTIFICATE OF DEATH. 12

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Ignatius Moddland.

{ Residence, if in Baltimore, Give Street and Number. } 1312 Riggs Ave.

Duration of Residence in Baltimore. 3 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W —

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M —

BIRTHPLACE (State or country): Charles Co —

FULL NAME OF FATHER: Thomas Moddland

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Amelia Green

BIRTHPLACE OF MOTHER (State or country): Charles Co Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Moddland

(Address) 1831 Monument E

Filed 11/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Nov 13 1907

that I last saw h alive on Nov 13 1907

and that death occurred, on the date stated above, at 9 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Balt City Hospital

Date Nov 14 — 1907

Place of Burial Greenmount Charles Co Md

Date Nov 15th 07 190

Undertaker Thomas E Wright

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 6421

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6421

City of Baltimore, (No. 2209 Callow Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva Koch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 7 (Month) (Day) 1851 (Year)

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kreuznheim Germany

FULL NAME OF FATHER: Moses Samuel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agata Botch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Koch

(Address) 1735 N. Carey St

Filed 11/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 12 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to Nov. 12 1907 that I last saw her alive on Nov. 11 1907, and that death occurred, on the date stated above, at ..... a. M. The CAUSE OF DEATH was as follows:

Exhaustion due to Septicaemia

(DURATION) 10 DAYS

Contributory Cerebral Hemorrhage

(DURATION) 12 DAYS

(Signed) A. Wetherson, M. D.

Nov. 13 1907. (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: NOV 14 1907

UNDERTAKER: J. Emrich & Co

ADDRESS: 154 N. Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 6422 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Robert. Harrington

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address) .....

Filed 11/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1907 to Nov. 12 1907

that I last saw him alive on Nov. 12 1907

and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt L. Bay M.D.

Address Bay View

Date Nov. 13. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 13 1907 1907

Undertaker Wm J Thorsden

Address 1810 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

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SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — C 6423 — Registered No. B — C 6423

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 N. Port St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Kunnigunda Dausch

{Residence, if in Baltimore, Give Street and Number.} 403 N. Port st

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 25 1826

AGE 70 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Canton

(Address) 403 N. Port St

Filed 11/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Nov. 13 1907

that I last saw h alive on Nov. 13 1907

and that death occurred, on the date stated above, at 2.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicitis Causing Anaemia

(DURATION) 44 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore

Date Nov. 13 1907

Place of Burial Holy Redeemer Cemetery

Date NOV 16 1907

Undertaker Christian Miller,

Address 2334 Jefferson Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 6424 Registered No. B C 6424

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1171 Low St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Lasch

{Residence, if in Baltimore, Give Street and Number.} 1171 Low St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Prus.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Lasch

(Address) 1171 Low St

Filed 11/14 1907 Registrar

ST. ANDREWS CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 1907 to Nov 12 1907

that I last saw h— alive on Nov 12 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion.

(DURATION) DAYS

Con'tributory (Primary.) Senility.

(DURATION) DAYS

(Signed) M. L. Gehrt, M.D.

Address 1202 E. Monument St.

Date 190

Place of Burial Holem Friendship Cem

Date Nov 14 1907

Undertaker Arnold Schellhaus

Address 923 Madison Av

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore

Ward ..... Registered No. B 6425

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William J. Donell

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 11/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1907 to Nov. 13 1907

that I last saw him alive on Nov. 13 1907

and that death occurred, on the date stated above, at 12 a. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Nephritis,

Intestinal Obstruction (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Nov. 13 1907

Place of Burial National Cem.

Date Nov 14th 1907

Undertaker J. E. Howdle Co

Address 1422 Pinkney

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6426

Ward 10 C 6426 Registered No. B 116

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Price Seffert.

{Residence, if in Baltimore, Give Street and Number.} Guild & St. George 2010 N. Broadway.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Sept. 11th 1907

AGE — years, 2 months, 2 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Emory Price

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Helen Seffert

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Houghton Hooker.

(Address) 31 E. Mt. Vernon Place

Filed 11/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8th — 1907 to Nov 13th 1907

that I last saw h— alive on Nov 13th 1907.

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Surgical Shock.

(cause of Peritonitis unknown a. D.T.)

(DURATION) — DAYS

Contributory (Primary.) General peritonitis (DURATION) 4 DAYS

(Signed) W. H. Wallis, M.D.

Address 3 E Read St.

Date Nov. 13th 07. 1907

Place of Burial Baltimore Cem.

Date Nov. 14 1907

Undertaker William Cook

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 6427 Registered No. B C 6427

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number)

Full Name Ella E. McComas

{Residence, if in Baltimore, Give Street and Number.} Bay View (2010 N. Lafayette Ave)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH Jan 17th 1860

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William G. McComas

BIRTHPLACE OF FATHER (State or country) Allentown Pa

MAIDEN NAME OF MOTHER Fannie K. Price

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Frank J. McComas

(Address 2010 N. Lafayette Ave

Filed 11/14 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 28 1907 to Nov. 11 1907

that I last saw her alive on Nov. 11 1907

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Uremia

(DURATION) DAYS

Con'tributory (Primary.) Nephritis

Tuberculosis of Ilium (DURATION) DAYS

(Signed) R. H. C. Bay M.D

Address Bay View

Date Nov. 11 1907

Place of Burial Mount Olivet

Date Nov 14th 1907

Undertaker Geo Bentz

Address 554 N Bridge St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 6428 Registered No. B C 6423

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Madison St. Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgiana McLeod

{Residence, if in Baltimore, Give Street and Number.} 10 Madison St, Homestead.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 30 1907

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert S McLeod

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Emma F. Hatton

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert S McLeod

(Address) 10 Madison St.

Filed 1/14 1907 HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov 12 1907 that I last saw her alive on Nov 12 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Dyspeptic Diarrhoea

3 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. L. Whittle M.D.

Address 906 Gruneh ave

Date Nov 13 1907

Place of Burial Mt Carmel

Date Nov 14 1907

Undertaker E. C. Weidefeld

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6429

Ward 15 C 6429 Registered No. B 135

CERTIFICATE OF DEATH.

(Place of Death.) No. 2nd. Gen. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Hawkins.

{Residence, if in Baltimore, Give Street and Number.} 1619 Vincent alley.

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wise

(Address) 1619 Vincent st

Filed 11/14" 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1907 to Nov. 11 1907

that I last saw h alive on Nov 11 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

Pneumonia (DURATION) DAYS

Con'ributory (Primary.) Nephritis.

Pneumonia (DURATION) DAYS

(Signed) W. W. Brown M.D.

Address 2nd. Gen. Hosp.

Date Nov. 12, 1907

Place of Burial Mt Lebanon

Date Nov 15 1907

Undertaker Wm J Johnson

Address 619 E Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 6430 Registered No. B C 6430

CERTIFICATE OF DEATH.

(Place of Death.) No. 1044 W. Lombard St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Wm J. Gaffney

{ Residence, if in Baltimore, Give Street and Number. } 1044 W. Lombard

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June 26 1872

AGE 35 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Gaffney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Esther Parker

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED R.R. Contract Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Gaffney

(Address) 1044 W Lombard St.

Filed 11/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov 12 1907 that I last saw h[illegible] alive on Nov 12 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's

(DURATION) 1 DAYS.

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. O'Neill M.D.

Address 1315 Hollins St

Date Nov. 13th 1907

Place of Burial Cathedral Cem.

Date Nov. 15th 1907

Undertaker Jno. A. Inoran

Address Bank & Annsb.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 6431 — Registered No. B C 6431

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary C Wallace

{Residence, if in Baltimore, Give Street and Number.} 1416 E Lafayette Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: white.

DATE OF BIRTH: Sept 23 1885

AGE: 22 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Samuel D Piercy

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Alice Spies

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Wallace

(Address) 1416 E Lafayette

Filed 11/14 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 17 1907 that I last saw h— alive on Nov 17 1907, and that death occurred, on the date stated above, at ... A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

following Apoplexy

Chronic Nephritis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) J. J. Valentine M.D.

Address 1 E. Biddle

Date Nov 17 1907

Place of Burial Cathedral Cem

Date Nov. 17. 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

Ward 16 — C 6432 — Registered No. B C 6432

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Lloyd. D. Belt

{Residence, if in Baltimore, Give Street and Number.} Bay View 1845 Woodward St

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Labour

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM, Supt.

(Address)

Filed 11/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1907 to Nov. 13 1907 that I last saw him alive on Nov. 13 1907 and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Nov. 13 1907

Place of Burial Loudon Park

Date Nov. 16 1907

Undertaker Wm Cook

Address 520 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 6433 — Registered No. B C 6433

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CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Chestnut Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Roberts.

{Residence, if in Baltimore, Give Street and Number.} 509 Chestnut Hill Ave

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: colored

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Simmons.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Liddell

(Address) 509 Chestnut Hill Ave

Filed 11/14 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1907 to Nov 13th 1907

that I last saw h alive on Nov 12th 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary, or Immediate.)

Acute Nephritis

Dropsy & Asthenia.

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) John T. McCauley M.D.

Address 656 W Franklin St

Date Nov 14th 1907

Place of Burial Loudon Park

Date Nov 15 1907

Undertaker Wm Cook

Address 505 E. North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6434 Registered No. B C 6434

CERTIFICATE OF DEATH.

(Place of Death.) No. 1833 Lemmon St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Michael Kehoe

{ Residence, if in Baltimore, Give Street and Number. } 1833 Lemmon

Duration of Residence in Baltimore. 40 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Kehoe

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Kehoe

Address 1833 Lemmon St

Filed 11/14 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov-14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 to Nov 14 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

Sudden

(DURATION) 2 DAYS

Contributory (Primary) Organic

Heart Disease (DURATION) yrs

(Signed) Thos C Jones M.D.

Coroner

Address

Date Nov-14 1907

Place of Burial St. Peters Cemetery

Date Nov-15 1907

Undertaker Crowley & Son

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6435

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6435

Registered No. B

City of Baltimore, (No. 429 Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Keppler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 28 1907 (Month) (Day) (Year)

AGE: ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dont-Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Katie Keppler

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson

(Address) 1108 N Edenwood St.

Filed 11/14 1907

HARRY C. ANDREWS, FERUIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 13 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Nov 13 1907

that I last saw her alive on 11 12 1907,

and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) 12 DAYS

Contributory a Cold (DURATION) 12 DAYS

(Signed) E. L. Peterson M. D.

Nov 13 1907 (Address) 1108 N Edenwood

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: NOV 14 1907

UNDERTAKER: .....

ADDRESS: Health Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

W + 9

Ward 1 C 6436 Registered No. B C 6436

8 1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2404 Foster Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Walb

{Residence, if in Baltimore, Give Street and Number.} 2404 Foster Ave.

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 11th 1840

AGE: 67 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ludwig Walb

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Car Oiler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kunigunda Walb

Address 2404 Foster Ave.

Filed 11/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1907 to Nov 12th 1907

that I last saw him alive on Nov 11th 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edw M Fingueret M.D.

Address 1 W. Madison St

Date Nov 15 1907

Place of Burial Sacred Heart Cemetery

Date Nov. 15 1907

Undertaker Germanus France

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 6437 Registered No. B C 6437

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CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Rose Overly.

{Residence, if in Baltimore, Give Street and Number.} 1013 Ashland Ave.

Duration of Residence in Baltimore. About 2 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 13th 1907

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Pennsylvania.

FULL NAME OF FATHER: Isaac. Boyd.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 200 N. Lombard St.

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1907 to Nov. 13 1907 that I last saw her alive on Nov. 13 1907, and that death occurred, on the date stated above, at 5:10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malignant Cyst of Ovary.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address John Hopkins Hospital

Date Nov. 13, 1907

Place of Burial Reading Pa

Date Nov 16 1907

Undertaker John J. Fields

Address 1200 N. Lombard

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3438

Registered No. B

City of Baltimore, (No. 1436 Harford Av. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Wolf,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 17 (Day) 1875 (Year)

AGE: 31 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frank Helying

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Bernidina Klone

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Wolf.

(Address) 1436 Harford Av.

Filed 11/15 190 7

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 13 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 13 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonum

(DURATION) 13 DAYS

Contributory Dyspnoea

(DURATION) DAYS

(Signed) August Horn M. D.

Nov 13 1907 (Address) 410 E 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 16 1907

UNDERTAKER: A. Fink & Son — ADDRESS: 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6439

City of Baltimore, (No. Bell. Garrett Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 25 (Month) (Day) 1903 (Year)

AGE: 4 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Sullivan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary O'Reilly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter B. Platt M.D.

(Address) 802 Cathedral St

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 13 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Nov 13 1907 that I last saw him alive on Nov 13 1907, and that death occurred, on the date stated above, at 2.45 P.M. The CAUSE OF DEATH was as follows:

Tuberculous Meningitis

5 - 7 days (DURATION) DAYS

Contributory Tuberculosis of Hip joint - (DURATION) 90 DAYS

(Signed) Walter B. Platt M. D.

Nov 14 1907 (Address) 802 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 301 Monroe St — How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov 16th 1907
UNDERTAKER	ADDRESS
John L Falls	800 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

15

C 6440

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

C 6440

Registered No. B

City of Baltimore, (No. 1440 N. Parrish St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irvin Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 2 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Diana Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Diana Johnson

(Address) 1440 N. Parrish St

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to Oct 31 1907

that I last saw him alive on Oct 31 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia, Complicated Measles

(DURATION) Unknown

Contributory Asthenia

(DURATION) 17 DAYS

(Signed) Harry C. Okle M. D.

Nov 17 1907 (Address) Garrett Hosp. Dist.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 1907
UNDERTAKER	ADDRESS
[illegible]	[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C 6441

Ward 3 C 6441 Registered No. B 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 249 S Central ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rose Martin

{Residence, if in Baltimore, Give Street and Number.} 249 S Central ave

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 72 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ireland,

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Martin

(Address) 249 S Central ave

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Nov 14 1907

that I last saw h[illegible] alive on Nov 13 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Chronic Bronchitis

(DURATION) 32 DAYS

Contributory (Primary.)

(DURATION) 5 DAYS

(Signed) J J Martin M.D.

Address 6 S Broadway

Date Nov 15 1907

Place of Burial St Vincents Cem

Date Nov 16 1907

Undertaker Lowe Work

Address 502 E Monument ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 6442 — Registered No. B C 6442

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Styles St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresa Fratantuono

{Residence, if in Baltimore, Give Street and Number.} 807 Stiles St

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female. COLOR: white.

DATE OF BIRTH: abt 64 1

AGE: abt 64 yrs years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~

(Informant) Joseph Fratantuono

(Address) 807 Styles St

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov 14 1907

that I last saw her alive on Nov 11 1907

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Fratantuono M.D.

Address 16 S Broadway

Date Nov 14 1907

Place of Burial Holy Redeemer

Date Nov 16 1907

Undertaker Lowe Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6443

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B C 6443

City of Baltimore, (No. 510 N. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella White

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 42 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Mary W. White

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Priscilla Harrow

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lana Johnson

(Address) 510 N Caroline St

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Nov 13 1907 that I last saw her alive on Nov 12 1907, and that death occurred, on the date stated above, at 3 a M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 21 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Howard C. Silver M. D.

Nov 14 1907 (Address) 1914 Bolton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Asbury C

DATE OF BURIAL Nov 15 1907

UNDERTAKER Wm J G Jackson

ADDRESS 142 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 6444 Registered No. B C 6444

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 831 N. Patterson Pk. Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Reineck

{Residence, if in Baltimore, Give Street and Number.} 831 N Patterson Pk. Ave.

Duration of Residence in Baltimore, 36 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 5th 1871

AGE: 36 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John B. Reineck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Lutz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Fresco Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Reineck

(Address) 831 N. Patterson Pk

Filed 11/15 1907

HARRY C. ANDREAS, Clk
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14, 1907

I HEREBY CERTIFY, That I attended deceased from February 1907 to Nov. 14, 1907

that I last saw him alive on Nov. 14, 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rupture of aneurysm of abdominal aorta

(DURATION) — " DAYS

Contributory (Primary.) Sclerosis of arteries

(DURATION) 5 years

(Signed) Emil Novak M.D.

Address 839 N Patterson Pk Ave

Date November 15, 1907

Place of Burial Balto. Cem.

Date 11/17/07 1907

Undertaker J. Hennig Son

Address 900 E Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 6445 — C 6445 — Registered No. B ... 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanora Ticha

{Residence, if in Baltimore, Give Street and Number.} 702 N. Duncan al.

Duration of Residence in Baltimore Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Ticha

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Eleanor Vojik

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Ticha

(Address) 702 N. Duncan

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Nov 14 1907

that I last saw her alive on Nov 13 1907,

and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis (Capillary)

(DURATION) 4 DAYS

Contributory (Primary.) Mitral Heart Heart failure (DURATION) — DAYS

(Signed) Thos J Timins M.D.

Address 1025 N Wolfe st

Date Balto City Nov 14 1907

Place of Burial Holy Redeemer

Date Nov. 16 1907

Undertaker Jerome C. M. Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 6446 Registered No. B C 6446

CERTIFICATE OF DEATH.

(Place of Death.) No. 836 East ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Jurgens

{Residence, if in Baltimore, Give Street and Number.} 836 East ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 7th 1907

AGE: 20 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Jurgens

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Koch

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louisa Jurgens

(Address) 836 E. East Ave.

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 7th 1907 to Nov. 14th 1907 that I last saw him alive on Nov. 13th 1907, and that death occurred, on the date stated above, at 1.52 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 39 DAYS

(Signed) Wm. J. Gibson M.D.

Address 2017 E. Baltimore St.

Date Nov. 15th 1907

Place of Burial Mt. Carmel Cemetery

Date Nov. 17 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Clinton Avenue, S. E. Cor. Broadway, E. Baltimore.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6447 Registered No. B .....

CERTIFICATE OF DEATH.

93 –

(Place of Death.) No. 2419 Foster avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Meyer

{ Residence, if in Baltimore, Give Street and Number. } 2419 Foster ave

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: December 13th 1833

AGE: 67 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Meyer

(Address) 2419 Foster ave

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11th 1907 to Nov 13th 1907

that I last saw him alive on Nov 13th 1907,

and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Edw. M. Longwell M.D.

Address 5 N. Washington St.

Date November 13th 1907

Place of Burial Mt. Carmel Cemetery

Date Nov. 15 1907

Undertaker H. SANDER & SONS,

Address 1703-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 6448

C 6448

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Eric Jordon

{ Residence, if in Baltimore, Give Street and Number. } 2312 Foster Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 14th 1860

AGE: 47 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Jordan

(Address) 2312 Foster Ave.

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 14 1907

that I last saw him alive on Nov 14 1907

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) .....

Contributory (Primary.)

(DURATION) .....

(Signed) W G MacCallum M.

Address John Hopkins Hospital

Date Nov. 15 1907

Place of Burial Trinity Cemetery

Date Nov. 17 " 1907

Undertaker H. SANDER & SONS

Address 1708-1710 Caxton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 6449 *Registered No. B* C 6449

34 L

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 617 N Carey *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Weise

{Residence, if in Baltimore, Give Street and Number.} 617 N Carey St

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 30 1868

AGE: 38 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: W. F. Weise

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Gerholtz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: No occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Weise

(Address) 617 N Carey St.

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 14 1907

I HEREBY CERTIFY, That I attended deceased from 190 to Nov 14 1907

that I last saw her alive on Nov 13 1907

and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ethanotum ——

(DURATION) DAYS

Con'tributory (Primary.) General Tuber 18-20 Months

Culosis (DURATION) DAYS

(Signed) W. F. A. Kemp. M.D.

Address 8 W. 25th Baltimore Md

Date Nov 14 1907

Place of Burial Loudon Park

Date Nov 16 1907

Undertaker J. B. Cook

Address 1023 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

KODAK SAFETY

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 6450 — Registered No. B C 6450

CERTIFICATE OF DEATH.

(Place of Death.) No. 23. N. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susette Soldan

{ Residence, if in Baltimore, Give Street and Number. } 23. N. Payson

Duration of Residence in Baltimore. 25 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH April 21 1843

AGE 64 years, 6 months, 24 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Bittel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm S. Soldan

(Address) 23 N Payson St

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov-14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

Sudden (DURATION) DAYS

Con'ributory (Primary.) Bright's Disease (DURATION) DAYS

(Signed) C. Jones M.D.
Coroner

Address

Date Nov-14 1907

Place of Burial London Park

Date Nov 18 1907

Undertaker J. P. B. Cook

Address 1003 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6451

Ward 11

Registered No. B C 6451

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1232 Argyle Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Francies Gramly

{ Residence, if in Baltimore, Give Street and Number. } 1232 Argyle ave (Gramly)

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Oct. 5 1839

AGE 68 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Frederick Brosenne

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER L. Fox.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Gramly.

(Address) 1232 Argyle.

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Nov 13 1907

that I last saw h[illegible] alive on Nov 10 1907

and that death occurred, on the date stated above, at a m. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia

(DURATION) DAYS

Contributory (Primary.) Dilated Heart.

Hypostatic Pneumonia (DURATION) 4 DAYS

(Signed) A S McCarty M.D.

Address 40 E. N Carrollton Ave

Date Nov. 13 1907

Place of Burial Loudon Park

Date Nov 15 1907

Undertaker Jno B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6452 — Registered No. B C 6452

CERTIFICATE OF DEATH.

(Place of Death.) No. 1221 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Diggs

{Residence, if in Baltimore, Give Street and Number.} 1221 Ensor St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: May 7 1846

AGE: 61 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James H Mitchell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Burlette

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mitchell

(Address) 1221 Ensor

Filed 11/15 1907 — HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Nov 13 1907 that I last saw h alive on Nov 12 1907 and that death occurred, on the date stated above, at 2:10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Phthisis

1 Year (DURATION) DAYS

(Signed) G W Mitchell M.D.

Address 913 N Broadway

Date Nov. 14 1907

Place of Burial Mt Olivet ✓

Date Nov 15 1907

Undertaker E J Fanning

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6453

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C 6453

City of Baltimore, (No. 1109, Druid Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Louisa Thomas—

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: ed

DATE OF BIRTH: July (Month) 13 (Day) 1860 (Year)

AGE: 47 years, 4 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John B Mechen

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Meredith

BIRTHPLACE OF MOTHER (State or country): Kentucky

OCCUPATION OF DECEASED: Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Bishop

(Address) 1107 Druid Hill Ave

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to Nov 13 1907 that I last saw her alive on Nov 11th 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Valvular disease of heart—
Some years duration

(DURATION) DAYS

Contributory Pneumonia—
8 months (DURATION) DAYS

(Signed) Chas. W. Lamach M. D.

Nov 14 1907 (Address) 1327 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 18th 1907

UNDERTAKER: J. A. Bishop — ADDRESS: 1107 Druid Hill Ave

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6454 — Registered No. B C 6454

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine F. Harris

{Residence, if in Baltimore, Give Street and Number.} 1307 Harlem Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1819

AGE: 88 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Isaac Miles

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jane Davy

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1307 Harlem Ave

Filed 11/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1907 to Nov 14 1907 that I last saw her alive on Nov 14 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. Q. Cuddy M.D.

Address 937 Madison Ave.

Date Nov. 14 1907.

Place of Burial Baltimore Cemetery

Date November 15" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 6455 Registered No. B C 6455

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 N Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Thomas Rock

{ Residence, if in Baltimore, Give Street and Number. } 1720 N Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Mar 16th 1853
AGE	54 years, 7 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Thomas Rock
BIRTHPLACE OF FATHER (State or country)	St Mary's Co Md
MAIDEN NAME OF MOTHER	Elizabeth A Day
BIRTHPLACE OF MOTHER (State or country)	A. A Co. Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. V. Rock

(Address) 1720 N. Lombard

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 13 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.40

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Sudden (DURATION) DAYS

Contributory (Primary.) Bright Disease (DURATION) Many Yrs DAYS

(Signed) G Frank Jones M.D.

Address Coroners Office

Date Nov-14th 1907

Place of Burial Loudon Park

Date Nov 16th 1907

Undertaker Geo J Smith Co.

Address 1000 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6456 Registered No. B C 6456

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 W Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Carnaggio.

{Residence, if in Baltimore, Give Street and Number.} 538 W Franklin St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Oct 20th 1906

AGE — years, 12 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S -

BIRTHPLACE (State or country) city.

FULL NAME OF FATHER Tom Carnaggio

BIRTHPLACE OF FATHER (State or country) Italy -

MAIDEN NAME OF MOTHER Josephine Faraci

BIRTHPLACE OF MOTHER (State or country) Italy -

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tony Carnaggio

(Address) 538 W Franklin St.

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 - 14 - 1907

I HEREBY CERTIFY, That I attended deceased from 8 - 10 1907 to 11 - 13 - 1907 that I last saw h im alive on 11 - 13 - 1907, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure. -

(DURATION) — DAYS

Contributory (Primary.) Bronchopneumonia

+ emphysema (DURATION) 95 days

(Signed) L. D'Amano M.D.

Address 1604 Linden Ave

Date 11 - 15 - 1907

Place of Burial St Vincent Cemetery

Date November 15 1907

Undertaker D'Arcangelo

Address 454 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C 6457 Registered No. B C 6457

CERTIFICATE OF DEATH.

(Place of Death.) No. 108. N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John. a. Rice

{ Residence, if in Baltimore, Give Street and Number. } 108. N. Bruce

Duration of Residence in Baltimore. 15 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: 1

AGE: 37 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Calvert co

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Collins

(Address) 108 Bruce

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 14 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Bright's Disease

(DURATION) DAYS

(Signed) Edward Jones M.D.
Coroner 2nd

Address

Date Nov - 15th 1907

Place of Burial Cathedral

Date Nov 15 1907

Undertaker Wm. J. Johnson

Address 614 W Baker.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6458 Registered No. B C 6458

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1417. Bount st Rear. 2nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Andrew. Jackson,

{Residence, if in Baltimore, Give Street and Number.} 1417. Bount st.

Duration of Residence in Baltimore. Three years,

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR Colord

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — —

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER Willian Jackson

BIRTHPLACE OF FATHER (State or country) Ellicott City

MAIDEN NAME OF MOTHER Kate Wilson

BIRTHPLACE OF MOTHER (State or country) Md Eastern Shore

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Jackson

(Address) 1417 Brunt St

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 - 07 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1907 to Nov. 12. 1907 that I last saw him alive on Nov. 12. 1907, and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) 5. DAYS

Contributory (Primary.) Pleurisy.

(DURATION) 5 DAYS

(Signed) J. Allston Dent M.D.

Address 1602. Penna. Ave.

Date November 13 1907

Place of Burial Laurel Cemetery

Date Nov 15 1907

Undertaker John H Owens & Son

Address 1222 Druid St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 6459 Registered No. B C 6459

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt H. Wilson

{Residence, if in Baltimore, Give Street and Number.} 21 E. Randall St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 8 1861

AGE: 46 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John H. Wilson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Caroline L. Sherring

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. A. Wilson

(Address) 21 E Randall

Filed 11/15 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13" 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 13 1907 that I last saw h alive on Nov 13 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Pleuro-Pneumonia

(DURATION) 10 DAYS

(Signed) P. E. L. Campbell M.D.

Address 1644 Hanover St

Date Nov 13 1907

Place of Burial Cathedral Cem

Date November 17th 1907

Undertaker Daniel and Margaret E. Flynn

Address 42 East Fort Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

C 6460

Registered No. B C 6460

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Creek Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 23

Full Name Sarah Jane Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1009 Creek Alley -

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Aug. 1861

AGE 48 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Annapolis Md

FULL NAME OF FATHER Thos Johnson

BIRTHPLACE OF FATHER (State or country) West river Md.

MAIDEN NAME OF MOTHER Sabrah Johnson

BIRTHPLACE OF MOTHER (State or country) Severn river

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thomas Husband

(Address) 1009 Creek alley

Filed 11/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 13 1907

that I last saw her alive on Nov 13 1907,

and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. E. Hurst & Son M.D.

Address 528 Hanover St

Date Nov 14 1907

Place of Burial Mount Auburn

Date Nov 16 1907

Undertaker Jos. Hinkle & Co.

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6461 — Registered No. B C 6461

CERTIFICATE OF DEATH.

(Place of Death.) No. 1321 W. Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jama Virginia Garrett

{Residence, if in Baltimore, Give Street and Number.} 1321 W. Mosher

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Sept 28th 1857

AGE 50 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John H. Meekins

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elvina Wilkey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Charles H. Garrett

(Address) 1321 W. Mosher St

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Nov 14 1907

that I last saw her alive on Nov 14 1907,

and that death occurred, on the date stated above, at 3.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 62 DAYS

Contributory (Primary.) exhaustion

(DURATION) 6 DAYS

(Signed) H. C. Kemp M.D.

Address 1002 N. Lanvale

Date Nov 16 1907

Place of Burial London Park

Date Nov 16th 1907

Undertaker Geo. Weber

Address 115 S. N. Carey St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6462 Registered No. B C 6462

CERTIFICATE OF DEATH.

(Place of Death.) No. 739 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel C. Heddinger

{Residence, if in Baltimore, Give Street and Number.} 739 N. Fremont St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Daniel Heddinger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ann E Brea

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Cadogan

(Address) 696 Mulberry St

Filed 11/15 1907 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 14 1907 that I last saw h[illegible] alive on Nov 13 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia of Brain

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. G. Rinehart M.D.

Address [illegible]

Date [illegible] 1907

Place of Burial New Cathedral

Date Nov 16 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6463

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6463

Registered No. B .....

City of Baltimore, (No. 1723 Hoffman Ave St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James M. Monroe Conrad

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): London Co Va

FULL NAME OF FATHER: David Conrad

BIRTHPLACE OF FATHER (State or country): London Co Va

MAIDEN NAME OF MOTHER: Mary J Semms

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 11/15 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 15 1907 that I last saw him alive on Nov 14 1907, and that death occurred, on the date stated above, at 3 ..... M. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

Duration ..... DAYS

Contributory Cystitis (DURATION) — DAYS

(Signed) P. L. Davis M. D.

1907 (Address) 924 N. Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Nov 16 1907

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6464 Registered No. B C 6464

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mo University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Della

{Residence, if in Baltimore, Give Street and Number.} 444 E Cross st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 10 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Jessie Della Back

FULL NAME OF FATHER Jesse Della

BIRTHPLACE OF FATHER (State or country) Back

MAIDEN NAME OF MOTHER Annie Haley

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse Della

(Address) 444 E. Cross st

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Shock with

probable internal

injuries Caused by a

fall (DURATION) Accident DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Patrick J Flaherty M.D.

Address 1002 W Lafayette

Date Nov 15 1907

Place of Burial Baltimore County

Date Nov 17. 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6465

Ward 17

Registered No. B C 6465

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 923 Argyle Av. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Lewis C Williams

{Residence, if in Baltimore, Give Street and Number.} 923, Argyle av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feby 20th 1907

AGE: — years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sngl

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alfred Williams

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Julia Conyer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Williams

(Address) 923 Argyle Av.

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatic Arthritis

(DURATION) 21 DAYS

Contributory (Primary.) Acute Rheumatism (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Loz. av. (County)

Date Nov. 15th 1907

Place of Burial Laurel Cemetery

Date Nov 15 1907

Undertaker P. A. E. Gilbert

Address 506 Rayes Shore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3466

7 2

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH. C 3466

Registered No. B.....

City of Baltimore, (No. 2 5, E. Church St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Susan Washington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Plummer at

(Address) .....

Filed 11/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 (Month) — 14 (Day) — 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11—14 1907 to ..—..— 1907

that I last saw her alive on 11—14— 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Acute apoplexy

Acute cerebral Congestion (DURATION) one DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) L. F. Dwyer M. D.

1907 (Address) 1113 E. Argyle ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lauriel

DATE OF BURIAL: 1907

UNDERTAKER: Jos. Toadvine

ADDRESS: 142 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 6467 — Registered No. B C 6467

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 708 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ignacy Radowski

{ Residence, if in Baltimore, Give Street and Number. } 708 S Bond

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH ..... 1.....

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia Poland.

FULL NAME OF FATHER Ignatius Rakowski.

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Rosia Cernowska.

BIRTHPLACE OF MOTHER (State or country) Russia Poland.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valeria Rakowska

(Address) 708 S. Bond St

Filed 11/15/ 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 = 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 ..... to ——— 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St

Date ~~Sunday~~ Nov 16 1907

Place of Burial Holy Rosary

Date Sunday Nov 18 1907

Undertaker M. F. Sadowski

Address 703 S. Amm St

WM. J. C. DULANY CO., BALTIMORE.

C 6468

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6468

City of Baltimore, (No. 1434 N. Caldwell St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Fay.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D J Fay

(Address) 1811 Madison Av

Filed 11/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11-8 1907 to 11-15 1907 that I last saw h[illegible] alive on 11-15 1907, and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Cardiac failure

..... (DURATION) ..... DAYS

Contributory Pneumonia

..... (DURATION) 6 DAYS

(Signed) C Hutchinson M. D.

11-15 1907 (Address) 1811 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: Nov 17 1907

UNDERTAKER: Hart & Sondheim — ADDRESS: 925 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24th — C 6469 — Registered No. B C 6469

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 261 E Hamburg St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Margaret Dydiuga

{Residence, if in Baltimore, Give Street and Number.} 261 E. Hamburg

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 26 — 1825

AGE 82 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Allen

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Barthenor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. D. [illegible]

(Address) [illegible]

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 " 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to Nov. 13 " 1907

that I last saw h alive on Nov. 12 1907

and that death occurred, on the date stated above, at 5.46 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. [illegible] M.D.

Address 1228 S. Broadway

Date Nov — 1907

Place of Burial Cedar Hill

Date November 16 1907

Undertaker John F. Ingram & Son

Address 1428 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or in case there was no such Physician who attended during his or her last sickness, to the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, age, color, sex, birthplace and residence of the deceased, and the **cause and date of death**. **Provided**, That when any person shall die in any Hospital or Institution (whether married or single) of the person

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 6470 C 6470

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 N. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Elmer McCaffrey

{ Residence, if in Baltimore, Give Street and Number. } 122 N. Randall St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 9 1892
AGE	15 years, 5 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Charles P. McCaffrey
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Kate V. Balla
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs K V McCaffrey

(Address) 122 N Randall

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Nov 13 1907 that I last saw h— alive on Nov 13 1907, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

(DURATION) 10 Min DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 7 Mos DAYS

(Signed) P. E. Campbell M.D.

Address 1644 Hanover St,

Date Nov 14 1907

Place of Burial Leeder Hill

Date November 16 1907

Undertaker Wm E Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9B, C 6471 Registered No. B C 6471

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 Hanover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel Howard

{Residence, if in Baltimore, Give Street and Number.} 1315 Hanover St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH January 9th 1907

AGE — years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm. Walter Howard

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Victoria Buchmeier

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. W. Howard

(Address) 1315 Hanover St.

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11th 1907 to Nov 14th 1907 that I last saw h[er] alive on Nov 14th 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. O'Donnell M.D.

Address 1340 S Charles St

Date Nov 14th 1907

Place of Burial Governors Run Cabin John Co Md

Date November 16 1907

Undertaker John E Evans

Address 1428 S Charles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore. C 6472

Ward 7 C 6472 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamine Harris

{ Residence, if in Baltimore, Give Street and Number. } Granger Hall Gelt Road

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1392 Presstman St

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 14 1907

that I last saw him alive on Nov 14 1907,

and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Gangrene of Lungs -

(DURATION) DAYS

Contributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) Wm MacCallum M.D.

Address Johns Hopkins Hospital

Date 1907

Place of Burial Not ascertained

Date Nov 16 1907

Undertaker James H Dennis

Address 1392 Presstman St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6473 — Registered No. B C 6473

105 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Proctor St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas F. Pierce Jr.

{Residence, if in Baltimore, Give Street and Number.} 1110 Proctor St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 4 1907

AGE ... years, 4 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas F. Pierce Jr.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Smith

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1110 Proctor St.

Filed 11/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

L L Fenton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 14 1907

that I last saw h— alive on Nov 14 1907.

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis Acute.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James McPherson M.D.

Address 708 Chase St

Date Nov. 14 07 1907

Place of Burial Baltimore Cem

Date Nov. 17, 1907

Undertaker H. C. Hildyfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 64.74 — Registered No. B C 64.74

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2641 Boone St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude B. Bennett

{Residence, if in Baltimore, Give Street and Number.} 2641 Boone St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 16 1904

AGE 3 years, 1 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm E Bennett

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Dora Sanders

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm E. Bennett

(Address) 2641 Boone St

Filed 11/15 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1907 to Nov. 13 1907 that I last saw her alive on Nov. 13 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

asthma.

(DURATION) 1 DAYS

Con'ributory (Primary) Pneumonia

& 7 weeks. (DURATION) DAYS

(Signed) D W Addos M.D.

Address 2631 Greenmount Ave

Date Nov 14-07 1907

Place of Burial London Park

Date Nov 16 th 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6475 Registered No. B C 6475

93 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William J. McCubbin

{Residence, if in Baltimore, Give Street and Number.} 1302 Myrtle ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 7th 1870

AGE 37 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Canada

FULL NAME OF FATHER Jas C. McCubbin

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Alice Shaw

BIRTHPLACE OF MOTHER (State or country) Canada

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McShane

(Address) 3013 St Paul St.

Filed 11/15 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1907

I HEREBY CERTIFY, That I attended deceased from October 28 1907 to Nov 14 1907 that I last saw him alive on Nov 14 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 24 DAYS

Contributory (Primary.) Heart failure

Extension — one week (DURATION) — DAYS

(Signed) John F. Mansuy M.D.

Address 1002 Edmondson ave

Date Nov. 15th 1907

Place of Burial Montreal Canada

Date Nov. 16th 1907

Undertaker G.F. Walker

Address 719 N Eutaw ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 6476 Registered No. B C 6476

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 Little Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Barret

{ Residence, if in Baltimore, Give Street and Number. } 604 Little Paca to

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 15 1908

AGE: 4 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Barret

BIRTHPLACE OF FATHER (State or country): Germaney

MAIDEN NAME OF MOTHER: Annie Saber

BIRTHPLACE OF MOTHER (State or country): Germaney

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Barret

(Address) 604 Little Paca St

Filed 11/16 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to Nov 15 1907

that I last saw h— alive on Nov 14 1907

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Croup

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edelsmith M.D.

Address 517 Lond

Date Nov 15 1907

Place of Burial Cathedral Cemetery

Date Nov 16 1907

Undertaker F A Strause Bro

Address 703 Hanover St

10 1/2 A M

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6477 Registered No. B C 6477

74

CERTIFICATE OF DEATH.

(Place of Death.) No. 1047 Angola ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Lowry

{ Residence, if in Baltimore, Give Street and Number. } 1047 Angola ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Lowry

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Mary Boyce

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Whitney

(Address) 1047 Angola ave

Filed 11/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of the brain

(DURATION) 1 DAYS

Contributory (Primary.) Hemiplegia.

Eclampsia nos. (DURATION) ... DAYS

(Signed) Silas Baltzell M.D.

Address Two Log. Av. (Canton)

Date Nov. 14th 1907

Place of Burial Mt Olivet

Date Nov 16 1907

Undertaker Robt Rhynard

Address 1742 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6478

Ward 1

Registered No. B 796

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 N Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Winfield Scott Connelly

{ Residence, if in Baltimore, Give Street and Number. } 907 N Bond

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: January 8 1857

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Stonecutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs D. Connelly

(Address) 907 N Bond

Filed 11/16/07 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h\ alive on \ 190 .....,

and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Cardiac

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jos. Connelly M.D.

Address Conn. Ave

Date Nov 14 — 07 190

Place of Burial Mt Auburn

Date Nov 17 190

Undertaker Robt J Stuart

Address 1442 N Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6479

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6479

Registered No. B .....

City of Baltimore, (No. 27, N Carey St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Luther

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	June 5 1907 (Month) (Day) (Year)
AGE	..... years, 5 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles Luther
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Florence Shook
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Florence Shook

(Address) 5 Butchers Lane

Filed 11/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 15 1907 that I last saw h.. alive on Nov 15 1907, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Enteric colitis

(DURATION) 30 DAYS

Contributory Erysipelas

(DURATION) ..... DAYS

(Signed) John Ruhräh M. D.

Nov 16 1907 (Address) 839 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 5 Butchers Lane — How long at Place of Death? 2 days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL Nov 16 1907

UNDERTAKER Feltman & Lee — ADDRESS 1725 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 6480 — Registered No. B C 6480

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albyna Cooke Reuben

{Residence, if in Baltimore, Give Street and Number.} 639 N Fulton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: aug. 10 1875

AGE: 32 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Adolphus Cooke

BIRTHPLACE OF FATHER (State or country): Prince George Co Md

MAIDEN NAME OF MOTHER: Rachel Clarke

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Irving Cooke

(Address) 1204 John st

Filed 11/16 1907 — HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 5th 1907 to Nov 16 1907 that I last saw her alive on Nov 15th 1907 and that death occurred, on the date stated above, at 5-01 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 2 — DAYS

Con'ributory (Primary.) Visceral Tuberculosis (DURATION) DAYS

(Signed) L. W. Roberts M.D.

Address University Hosp.

Date Nov 15th 1907

Place of Burial Druid Ridge Cemetery.

Date Nov. 17 — 1907.

Undertaker E. W. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 6481 — Registered No. B C 6481

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Blair Ward.

{Residence, if in Baltimore, Give Street and Number.} 508 Arlington Ave

Duration of Residence in Baltimore. L.

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR White

DATE OF BIRTH May 12 th 1898

AGE 18 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER J. W. Ward

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Maggie E. Walker

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Ward

(Address) 508 Arlington Ave

Filed 11/16 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 15 1907 that I last saw h[illegible] alive on Nov 15 1907 and that death occurred, on the date stated above, at 11 20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Nov 15th 1907

Place of Burial Bell Haven Va.

Date Nov. 17 = 1907.

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6482 — Registered No. B C 6482

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St, (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joshua Mitchell

{Residence, if in Baltimore, Give Street and Number.} 1306 E. Lexington st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not Known 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joshua Mitchell

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bowers

(Address) 221 N Carolina. st

Filed 11/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 14 1907

that I last saw h ... alive on ... 190-

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Fract. Scapula

(DURATION) 9 DAYS

(Signed) Benj. D. Hanford M.D.

Address 216 N. Carolina st

Date Nov 16. 1907

Place of Burial St Matthews

Date Nov 16 1907

Undertaker E. J. Fanning

Address 1938 E Lafayette st

WM. J. C. DULANY CO., BALTIMORE

* Accidentally thrown from Coal Wagon and

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6483

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6483

City of Baltimore, (No. 2806 Clifton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia Trushein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 9 (Day) 1834 (Year)

AGE: 83 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Lunam - "Bans"

BIRTHPLACE OF FATHER (State or couutry): Germany.

MAIDEN NAME OF MOTHER: Doesn't know.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Along a Robst

(Address) 2806 Clifton St.

Filed 11/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 15 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to Nov 15 1907 that I last saw h.. alive on Oct 19 1907, and that death occurred, on the date stated above, at 6 15 A. M. The CAUSE OF DEATH was as follows:

Bardiac & Renal insufficiency

about 4 Mos. (DURATION)

Contributory "Old age" —

(DURATION) DAYS

(Signed) M B Hurd M. D.

Nov 15 1907 (Address) 604 N. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Nov 18 1907

UNDERTAKER: W. J. Pickerstons

ADDRESS: 420 N Gaud

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF [illegible]

Ward 5 C 6484 Registered No. B C 6484

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Price

{Residence, if in Baltimore, Give Street and Number.} 1405 Jefferson St.

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Nov 14 1907

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: John Hawkins

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Ida Hawkins

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Price

(Address) 1405 Jefferson St

Filed 11/16" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21 1907 to Nov 13 1907 that I last saw h[illegible] alive on 13 Nov 1907, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Thomas Nelson M.D.

Address 1307 N. Stricker St

Date Nov 14 1907

Place of Burial Mt Zion ✓

Date Nov 16th 1907

Undertaker R. F. Elliott

Address 512 Rogers Ave

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

103

CERTIFICATE OF DEATH. C 6485

Registered No. B.....

City of Baltimore, (No. 516 Short St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia A Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Uncertain (Month) (Day) 1871 (Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jas E. Cooper

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary E. Hargrove

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Cooper

(Address) 516 Short St

Filed 11/16" 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Nov 15 1907

that I last saw her alive on Nov 14 1907,

and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Ulcer of Stomach

(DURATION) 46 DAYS

Contributory Pneumonia

(DURATION) 40 DAYS

(Signed) Wm Clyde Burns M. D.

Nov 15 1907 (Address) 1926 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Nov 17 1907
UNDERTAKER	ADDRESS
R A Gilbert	536 Rose

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 6486 — Registered No. B C 6486

54

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Bichell

{ Residence, if in Baltimore, Give Street and Number. } 831 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Montgomery Co Md

FULL NAME OF FATHER: Phillip F Bichell

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Margaret A. Murray

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua J Bichell

(Address) 829 Black Ave

Filed 11/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1907 to Nov. 16 1907 that I last saw her alive on Nov. 16 1907, and that death occurred, on the date stated above, at 2.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary.) Pernicious Anemia

(DURATION) 30 DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mount St

Date Nov. 16 1907

Place of Burial Loudon Park

Date Nov 18 1907

Undertaker Jos. J. Cook

Address 1003 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — HEALTH DEPARTMENT, City of Baltimore. — C 6487 — Registered No. B C 6487

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 Milton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Bennett

{Residence, if in Baltimore, Give Street and Number.} 926 Milton Place

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: July 26 1857

AGE: 50 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick City. Md.

FULL NAME OF FATHER: David T. Bennett

BIRTHPLACE OF FATHER (State or country): Frederick City. MD.

MAIDEN NAME OF MOTHER: Charity A. James

BIRTHPLACE OF MOTHER (State or country): Frederick City. MD.

OCCUPATION OF DECEASED: Plumber & Stove Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bennett.

(Address) 523 N. Fremont Ave.

Filed 11/16/07 190.

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 15th 1907

I HEREBY CERTIFY, That I attended deceased from September 7th 1907 to November 15th 1907 that I last saw h im alive on November 15th 1907, and that death occurred, on the date stated above, at 12 M. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Robt. Illingsworth M.D. M.D.

Address 516 N. Fremont Ave

Date November 16th 1907

Place of Burial Loudon Park

Date Nov. 17 1907 190

Undertaker GEO. W. LITTLE & SON

Address 521 N. FREMONT AV.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6488

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6488

Registered No. B.....

City of Baltimore, (No. 1002 Forest St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary M. Chapman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept (Month) 14 (Day) 1907 (Year)

AGE: ..... years, Two months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): America

FULL NAME OF FATHER: Michael Chapman

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Bannon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1002 Forest St.

Filed 11/16 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Nov 16 1907 that I last saw h-er alive on Nov 12 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Premature birth, followed by Marasmus

.....(DURATION)..... DAYS

Contributory Inanition

.....(DURATION)..... DAYS

(Signed) James. M Fenton M. D.

Nov 16 1907 (Address) 700 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Nov. 16, 1907

UNDERTAKER: H. C. Friedfeld — ADDRESS: 914 Gunnell Bldg

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6489 — Registered No. B C 6489

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Belt Line Yard N. C. R. R St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Hoffmann

{ Residence, if in Baltimore, Give Street and Number. } 930 Pennsylvania Ave,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 25th 1878

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas. Hoffmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Boettcher

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Libbie Hoffmann

(Address) 930 Pa. Ave.

Filed 11/16 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 15th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

Killed in Railway (DURATION) ..... DAYS

Contributory (Primary.) Accidental fall from Car (DURATION) ..... DAYS

(Signed) Chas Reed Jones M.D.

Address 700 Dol. Av. (Govans)

Date Nov 16th 1907

Place of Burial Loudon Park Cemetery

Date Nov 17 1907

Undertaker Wm Arthur Robertson

Address 730 Penna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6490 *Registered No. B* C 6490

166

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1324 Division *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J. Minnes

{ Residence, if in Baltimore, Give Street and Number. } 1324 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Minnes

(Address) 1324 Division St

Filed 11/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 15 1907

that I last saw her alive on Nov 15 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) DAYS

Contributory (Primary.)

Full (DURATION) DAYS

(Signed) B B Browne M.D.

Address 510 Park Ave

Date Nov 16. 1907

Place of Burial Mt Olivet Cem.

Date Nov 18th 1907

Undertaker A M Fahey & Sons

Address 606 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C 6491 C 6491

Ward 21 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1357 Carrey St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Brown

{ Residence, if in Baltimore, Give Street and Number. } 1357 Carrey St.

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Indefinite

AGE Said to be 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co.

FULL NAME OF FATHER Abram Foot

BIRTHPLACE OF FATHER (State or country) Calvert Co.

MAIDEN NAME OF MOTHER Sarah Foot

BIRTHPLACE OF MOTHER (State or country) Calvert Co.

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James. Brown

(Address)

Filed 11/16" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14th 1907

I HEREBY CERTIFY, That I attended deceased from Nov-6th 1907 to Nov-14 1907

that I last saw her alive on Nov 14 1907, 3.30

and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis —

(DURATION) 190 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Nuckols M.D.

Address 507 S. Paca St.

Date Nov — 15 — 1907.

Place of Burial Mt Lion

Date Nov 17 1907

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6492

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 6492

Registered No. B.....

City of Baltimore, (No. 1103 N Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine A Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 9 (Day) 1907 (Year)

AGE: ..... years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: .....

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Bell Jones

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson

(Address) 1103 N Eden St

Filed 11/16 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Nov 15 1907 that I last saw her alive on " " 1907, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

.....

.....

Convulsions

(DURATION) 1 DAYS

Contributory Severe Cold

(DURATION) 5 DAYS

(Signed) E. L. Peterson M. D.

Nov 16 1907 (Address) 1103 N Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Dr. Peterson

DATE OF BURIAL: 11-17 1907

UNDERTAKER: Robt Brotherson

ADDRESS: 1304 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 6493 Registered No. B C 6493

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1924 Alice Anna St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Parker

{Residence, if in Baltimore, Give Street and Number.} 1924 Alice Anna

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED C

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Parker

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Cecilia Jarocinska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecilia Jarocinska

(Address) 1924 Alice Anna

Filed 11/16 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1907 to Nov. 15 1907 that I last saw h alive on Nov. 15 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #709 Alice Anna

Date Nov. 15 1907

Place of Burial St Alphonsus

Date Nov. 17 1907

Undertaker Jerome & M. Grach

Address 1946 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6494 — Registered No. B C 6494

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1226 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hester Olives

{Residence, if in Baltimore, Give Street and Number.} 1226 Jefferson St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Col

DATE OF BIRTH: — 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John White

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Griffen

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmer Baily

(Address) 1226 Jefferson St

Filed 11/16" 1907 HARRY C. ANDRAE., PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6th — 1907 to Nov 13 — 1907

that I last saw h[illegible] alive on Nov 13 — 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

(DURATION) 38 DAYS

Contributory (Primary.) Arteio-sclerosis several years

(DURATION) ... DAYS

(Signed) W. E. Harris M.D.

Address 1374 Druid Hill Ave

Date Nov 15 — 1907

Place of Burial Evergreen Cemetery

Date November 17th 1907

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., STATIONERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6495

C 6495

Ward 3 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 S Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Elizabeth Trotton

{ Residence, if in Baltimore, Give Street and Number. } 12 S Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Duerricke

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Trotton Pr H&K

(Address) 12 S Broadway.

Filed 11/16" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto Nov. 15th 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to Nov. 15th 1907 that I last saw her alive on Nov. 14 1907, and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis (DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) DAYS

(Signed) R. S. Kirk M.D.

Address 1610 E. Baltimore St.

Date Nov 15 1907

Place of Burial Greenmount Cemetery

Date Nov 17th 1907

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6496 — Registered No. B C 6496

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 S Ireden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margereth Hillenburg

{ Residence, if in Baltimore, Give Street and Number. } 238 Ireden Ave

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1843

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Willenburg

(Address) 1822 Fairmount Ave

Filed 11/16" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 = 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Shock from accidental Burn coal oil

..... (DURATION) ..... DAYS

Con'ributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Thomas Seidler Coroner M.D.

Address 320 N Green St

Date ..... 190 .....

Place of Burial Holy Redeemer Cem

Date Nov. 18 1907

Undertaker Germanus Frank

Address Bandy & Wolpe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married, single, widowed or divorced), **occupation**, birthplace, and the **cause and duration** of the disease of which the deceased, and the

C 6497

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1907

CERTIFICATE OF DEATH C 6497

Registered No. B

City of Baltimore, (No. 1020 Low St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena Gittleman

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ... 1 ... (Month) (Day) Year)

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jacob Keller

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Snyder

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. D. Heiman

(Address) 1020 Low St

Filed Nov 17th 1907 PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11/16 1907 to 11/16 1907 that I last saw h alive on 11/14 1907, and that death occurred, on the date stated above, at 6 M. The CAUSE OF DEATH was as follows:

Chr. Interstitial Nephritis

(DURATION) — DAYS

Contributory Cardiac Asthenia (DURATION) DAYS

(Signed) E. C. Kastoff M. D.

11/16 1907 (Address) 116 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Roan Dale Cemetery	Nov 17 1907
UNDERTAKER	ADDRESS
Max Lerman	1610 Mc Elderry

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 6499 — Registered No. B C 6499

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August P. Olah

{Residence, if in Baltimore, Give Street and Number.} 1336 Columbia Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Wht
DATE OF BIRTH	Aug 9 1907
AGE	..... years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Paul Olah
BIRTHPLACE OF FATHER (State or country)	~~Germ~~ Hungary
MAIDEN NAME OF MOTHER	Ulan Jabo
BIRTHPLACE OF MOTHER (State or country)	Hungary
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Olah

(Address) 1336 Columbia Ave

Filed Nov 17 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 16 1907

that I last saw h~~e~~r alive on Nov 15 1907,

and that death occurred, on the date stated above, at 2 A.M.

CAUSE OF DEATH (Secondary or Immediate)

1 Broncho-Pneumonia

(DURATION) 9 DAYS

Contributory (Primary) Asthenia

(DURATION) 3 DAYS

(Signed) V L Norwood M.D.

Address 929 N Fay Ett Ave

Date Nov 16 1907

Place of Burial Mt Olivet Cem

Date Nov 17 1907

Undertaker Geo J Smith & Co

Address 1000 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6498

Ward 3

Registered No. B C 6498

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name Lillie Cohn

{ Residence, if in Baltimore, Give Street and Number. } 43 Broadway ~~Church Home~~ Infirmary

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 1886

AGE 21 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Solomon Cohn

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fany Hartman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Cohn

(Address) 1 Broadway

Filed Nov 17th 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Nov 15 1907

that I last saw her alive on 190.7

and that death occurred, on the date stated above, at 11.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Tychoid Fever

Heart Failure

about 7 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Callendine M.D.

Address 1810 E Balto St

Date Nov 15/07 1907

Place of Burial Baltimore Mount Israel

Date Nov 17 1907

Undertaker M. Guinn & Sons

Address 1227 Bullitt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 6500 — Registered No. B C 6500

CERTIFICATE OF DEATH.

(Place of Death.) No. 1701 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J. Hubert

{Residence, if in Baltimore, Give Street and Number.} 1701 N. Dallas St.

Duration of Residence in Baltimore. 63 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 15th 1907

AGE 76 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Hubert

(Address) 1701 N. Dallas St.

Filed Nov 17 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 28th 1907 to Nov. 13th 1907

that I last saw h alive on Nov 12th 1907

and that death occurred, on the date stated above, at 1.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Emerick M.D.

Address 2844 St Paul St

Date Nov 14th 1907

Place of Burial Holy Redeemer Cemetery

Date Nov. 18th 1907

Undertaker Henry Hoecke Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 6501 Registered No. B C 6501

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 E. Hill St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name George O'Neill

{Residence, if in Baltimore, Give Street and Number.} 112 E. Hill St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 15 1907

AGE: — years, — months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph O'Neill

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary O'Dea

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary O'Neill (mother)

(Address) 112 E Hill St

Filed 11/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to 1907

that I last saw him alive on 1907

and that death occurred, on the date stated above, at 11:45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary) Premature Birth

(DURATION) DAYS

(Signed) E. McGuinness M.D.

Address Coroner

Date nov. 16 1907

Place of Burial St Peters Cem

Date Nov. 17 1907

Undertaker M. Doyle & Son

Address 17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6502

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6502

City of Baltimore, (No. 823 N North Ave, St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Goldsmith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 17 1828
(Month) (Day) (Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Moses Hutzler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max E. Goldsmith

(Address) Madison ave & Belmont

Filed Nov. 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov-15-th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 14th 1907 to Nov. 15-th 1907

that I last saw h-e alive on Nov. 15-th 1907,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Oedema

(DURATION) 2 DAYS

Contributory Cardiac Atheroma

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Nov 16 1907 (Address) 1920 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cem. Har Sinai — DATE OF BURIAL: Nov. 17 1907

UNDERTAKER: Jacob Ehrens & Co — ADDRESS: 754 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 6503 — Registered No. B C 6503

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 S Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Schenkel

{Residence, if in Baltimore, Give Street and Number.} 21 S Payson St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH unknown

AGE 65 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo. E Winder

(Address) 21 S Payson St

Filed Nov. 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 1st 1907 to Nov. 16 1907 that I last saw her alive on Nov 15 1907, and that death occurred, on the date stated above, at 1-50 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of abdominal lymphatics following Hysterectomy for Carcinoma — (DURATION) 9 mos ~~DAYS~~

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Eugene Douglass M.D.

Address 830 W. North ave

Date Nov. 16th 1907

Place of Burial Louden Park

Date Nov 18 1907

Undertaker Wm Cook

Address 502 E Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. C 6504

Ward 12 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2741 Bernard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. McComas.

{Residence, if in Baltimore, Give Street and Number.} 2741 Bernard St.

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1 ——

AGE 28 years, —— months, —— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Cockeysville Md

FULL NAME OF FATHER Chas. F. Trimble

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah Price

BIRTHPLACE OF MOTHER (State or country) Balto County Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert F McComas

(Address) 2741 Bernard St

Filed Nov 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct — 1906 to Nov 16 1907

that I last saw her alive on Nov 13 — 1907,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

asthenia + collapse

(DURATION) One Year DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Wm H Faddeman M.D.

Address 800 1/2 Ave

Date Nov 16th 1907

Place of Burial St Marys. Hampden

Date Nov. 18 1907

Undertaker Wm Cook

Address 702 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 6505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6505

City of Baltimore, (No. 1456, Pulaski Co St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ino. M. Tucker.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: Wh.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Seaborn Tucker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Tillingame

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Margaret E Tucker

(Address) 1456 Pulaski Co Md

Filed Nov 17 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr — 1906 to Nov 15 1907

that I last saw him alive on Nov 15 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 2yrs DAYS

Contributory Apoplexy

(DURATION) 1 DAYS

(Signed) J M Cole M. D.

Nov. 16 1907 (Address) 735 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Nov 18 1907

UNDERTAKER: Lowe Cook

ADDRESS: 502 E Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6506 — Registered No. B C 6506

174

CERTIFICATE OF DEATH.

(Place of Death.) No. 2244 Guilford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H. Fullwood

{Residence, if in Baltimore, Give Street and Number.} 2244 Guilford av.

Duration of Residence in Baltimore. ~~Life~~ 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Married~~ Widower

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: John Fullwood

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Maria Lippincott

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Fullwood

Address 2244 Guilford Av

Filed Nov 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h... alive on ..... 190 ... at 2 P.M.

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gas Asphyxiation

result of accidentally

having Gas turn on

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Atlee Lutzeum M.D.

Address 1818 N. Chas. St

Date Nov 16 1907

Place of Burial Greenmount Cem

Date November 19 1907

Undertaker W. Cook

Address 502 E Northave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 6507 — Registered No. B C 6507

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Katharine Smith

{Residence, if in Baltimore, Give Street and Number.} 249 Jackson Street.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July 10 1871

AGE: 36 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Beauty

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Anne Manion

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. H. Smith

(Address) 249 Jackson Street

Filed Nov 17 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 16 1907

I HEREBY CERTIFY, That I attended deceased from September 15 1907 to November 16 1907 that I last saw her alive on November 16 1907 and that death occurred, on the date stated above, at 1 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nitralis suffering.
Cirrhosis of the Liver
Apis disease

(DURATION) 5 years

Contributory (Primary)

(DURATION) DAYS

(Signed) Boardman M.D.

Address 1618 Madison Ave

Date 11/16 1907

Place of Burial New Cathedral

Date Nov. 18th 1907

Undertaker H. Hankins & Sons Co.

Address Madison & Howard Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23d. C 6508 Registered No. B C 6508

CERTIFICATE OF DEATH.

(Place of Death.) No. 1130 S Charles st. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Elizabeth Schirmer

{Residence, if in Baltimore, Give Street and Number.} 1130 S Charles st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: (illegible) 1.)

AGE: 61 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Falk.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —? Eidel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hsf

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Schirmer

(Address) 1130 S. Charles St.

Filed Nov 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1907 to Nov 14th 1907

that I last saw her alive on Nov 14th 1907.

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation Stenosis

Heart Failure

(DURATION) —? DAYS

Contributory (Primary.) Mitral Regurgitation

+ Stenosis (DURATION) ? DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Light st

Date Nov 18th 1907

Place of Burial Holy Cross Cem

Date Nov. 18. 1907

Undertaker Davis and M. J. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

C 6509 Registered No. B C 6509

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 444 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Hanrahan

{Residence, if in Baltimore, Give Street and Number.} 444 N. Gay St

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1830

AGE 77 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Hanrahan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1252 N. Gay St.

Filed Nov 17 1907 Registrar

G.C.W

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 15 1907

that I last saw h— alive on Nov 13 1907,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Congestion

(DURATION) — DAYS

Contributory (Primary.) Cardiac weakness

(Sudden) (DURATION) DAYS

(Signed) Benj. D Hayden M.D.

Address 1256 N Carrollton Ave

Date Nov 16 1907

Place of Burial Cathedral Cemetery

Date November 18" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6510

Ward 10

Registered No. B C 6510

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 505 E. Madison St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Hugh McManus

{ Residence, if in Baltimore, Give Street and Number. } 505 E. Madison St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jany 6 1880

AGE: 27 years, 10 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John F. McManus

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Linton

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 505 E. Madison St

Filed Nov 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 14 1907 that I last saw h... alive on Nov 14 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Double Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

Asthenia (DURATION) 1 DAYS

(Signed) Anthony L. Petticolas M.D.

Address 527 Eutaw St

Date Nov 15 1907

Place of Burial Cathedral Cemetery

Date November 18" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6511

Ward 16

Registered No. B C 6511

10 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 2029 Lafayette Ave West St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate A. Laughlin

{ Residence, if in Baltimore, Give Street and Number. } 2029

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 1839

AGE: 68 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John O'Laughlin

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam B. Burgess

(Address) 2935 Clifton ave

Filed Nov 7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1907 to Nov 16th 1907 that I last saw her alive on Nov 15th 1907, and that death occurred, on the date stated above, at 830 a m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) La Grippe

(DURATION) 8 DAYS

(Signed) ..... M.D.

Address Dr. H. C. Johnson 1808 Guilford

Date Nov 17th 1907 190

Place of Burial Greenmount

Date Nov 18 1907

Undertaker Geo Weber

Address 115 S. N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

68

Nov 16 1907

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 41

Registered No. B C 6512

63 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Sands

{ Residence, if in Baltimore, Give Street and Number. } Washington D.C.

Duration of Residence in Baltimore. (at Balto City Hospital nine m

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 2nd 1863

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER John Dieter

BIRTHPLACE OF FATHER (State or country) Sacramento Pa

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Sacramento Pa

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. E. Sands

(Address) 1928 11th St. N.W. Washington D.C.

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov 15 1907

that I last saw h[illegible] alive on Nov 15 1907

and that death occurred, on the date stated above, at 11th

8 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Myelitis

(DURATION) 7 DAYS

Contributory (Primary) Pneumonia

(DURATION) 2 DAYS

(Signed) W W Eshelman M.D.

Address Balto City Hospital

Date Nov 16 1907

Place of Burial [redacted] Good Spring Cemetery Co. Pa

Date Nov 19th 1907

Undertaker Geo. Weber

Address 115 S. N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the duty of the Physician who attended deceased from the duty of the Physician who attended during his or her last sickness, or the Coroner notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person setting forth, as far as the same can be ascertained, the **full name, sex, age**, deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6513

Ward 10 C 6513 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1834 McHenry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel a Carter

{ Residence, if in Baltimore, Give Street and Number. } 1834 McHenry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown

AGE 59 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maud Williams

(Address) 1834 McHenry

Filed 11/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 190 to Nov 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Sudden

(DURATION) DAYS

Contributory (Primary.) Organic Heart Disease (DURATION) Yrs DAYS

(Signed) C Maud Johnson M.D.

Address Carlton St

Date Nov - 17 1907

Place of Burial Point Rocks Md

Date Nov 17 1907

Undertaker Wm Cook

Address 522 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14th

Registered No. B C 6514

89

CERTIFICATE OF DEATH.

(Place of Death.) No. U. O. A. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Bowman.

{Residence, if in Baltimore, Give Street and Number.} Aberdeen Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Laurence Lubinsky

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Stolowski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Bowman

(Address) Havre De Grace Md

Filed Nov 15 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mon. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Mon. 16th 1907 to Mon. 17th 1907

that I last saw h[illegible] alive on Mon. 17th 1907

and that death occurred, on the date stated above, at 11.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia.

(DURATION) 10 Mo DAYS

Contributory (Primary.) Tumor of Thyroid

(DURATION) DAYS

(Signed) M. A. Delany M.D.

Address 1514 Eutaw St

Date Nov. 17th 1907

Place of Burial Havre De Grace Md

Date Nov 18 1907

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6515 Registered No. B C 6515

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Sarah Ann St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos H Jones

{ Residence, if in Baltimore, Give Street and Number. } 704 Sarah Ann St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Samuel Jones

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sarah Clark

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Thomas

(Address) 704 Sarah Ann St

Filed 11/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Nov 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Consumption.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P. Martin M.D.

Address

Date Nov 16 1907

Place of Burial Mt Auburn Cemetery

Date Nov 18 1907

Undertaker Felix B. Page

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 6516 Registered No. B C 6516

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1400 Allen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip Schumacker

{Residence, if in Baltimore, Give Street and Number.} 1400 Allen St

Duration of Residence in Baltimore. about 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Males | COLOR: white

DATE OF BIRTH: Nov 15th 1907

AGE: 39. years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lizzie Schumacker

(Address) 1400 Allen St.

Filed 11/18 1907 HARRY C. ANDREES, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15th 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Nov 15th 1907 that I last saw him alive on Nov 14 1907, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Hepatitis ?

Nephritis

3 months (DURATION) 15 DAYS

Contributory (Primary.) Uraemia ?

Convulsions (DURATION) 2 DAYS

(Signed) F. K. Wiley M.D.

Address 7 Dey N. Liberty St

Date Nov 16 1907

Place of Burial Cedar Hill

Date Nov 18th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 6517 *Registered No.* **B** C 6517

CERTIFICATE OF DEATH.

92

(Place of Death.) *No.* 1917 *Fairmount ave* *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M. Forster

{ *Residence, if in Baltimore, Give Street and Number.* } 1917 Fairmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 14 1907

AGE: ..... *years,* 1 *months,* 2 *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Forster

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Barbara Fichtner

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Forster

(Address) 1917 Fairmount ave

Filed 11/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 16th 1907

I HEREBY CERTIFY, That I attended deceased from Nov-12 1907 to Nov-16 1907

that I last saw her alive on Nov-15 1907

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) Albertus Cotton M.D.

Address 1828 E Baltimore

Date Nov - 16th 1907 ✓

Place of Burial Holy Redeemer

Date Nov. 18 1907

Undertaker J. & J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

C 6518

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 6518

Registered No. B .....

City of Baltimore, (No. 1605 E. Pratt St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Asher A. Levin

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: October (Month) Unknown (Day) 1830 (Year)

AGE: 77 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harris Levin

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther R. Friedlander

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac A. Levin

(Address) 126 Augusta

Filed 11/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from at different times 190 to 190

that I last saw him alive on several months ago 190

and that death occurred, on the date stated above, at 1.05 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

3 years. (DURATION) DAYS

Contributory Hemorrhagic. (DURATION) DAYS

(Signed) Alfred Hilton M. D. for attend

Nov 17 1907 (Address) Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Jewish Bl. Rd — DATE OF BURIAL: Nov 18 1907

UNDERTAKER: Max Leinsen — ADDRESS: 120 mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6519

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B C 6519

City of Baltimore, (No. 1853, W. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Heck

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 16th 1857 (Month) (Day) (Year)
AGE	50 years, 5 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balt
FULL NAME OF FATHER	Ernest Buck
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Stavener
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Ruel

(Address) 917 Columbia Ave

Filed 11/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 16 1907 that I last saw h Ev alive on Nov 16 1907, and that death occurred, on the date stated above, at 9.45 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hoemork

(DURATION) 4 hrs DAYS

Contributory Cardiac Orthema

(DURATION) 3 DAYS

(Signed) Howard Kahn M.D.

11/17 1907 (Address) 707 Mott

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 19th 1907
UNDERTAKER	ADDRESS
A Knell & Son	807 Columbia Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6520

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6520

City of Baltimore, (No. 2906 Cedar Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Lea Brezler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept (Month) 4 (Day) 1887 (Year)

AGE: 20 years, 2 months, 13 days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hagerstown Md

FULL NAME OF FATHER: Jacob Brezler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary J. Dinsmore

BIRTHPLACE OF MOTHER (State or country): Hagerstown Md

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert H Brezler

(Address) 837 Bluchen ave

Filed 11/18 1907 HARRY C. ANDREWS, FERUIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Nov 16 1907 that I last saw her alive on Nov 16 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Exhaustion & Cardiac Insufficiency

(DURATION) about 30 DAYS

Contributory Phthisis Pulmonalis

(DURATION) 13 Months DAYS

(Signed) R. P. Carman M. D.

Nov 17 1907 (Address) 1701 N Carlton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. E. Cemetery Hagerstown Md

DATE OF BURIAL: Nov. 19 1907

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Rd

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 6521 — Registered No. B C 6521

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Gostomski

{Residence, if in Baltimore, Give Street and Number.} 533 S Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 16 1905

AGE: 2 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Gostomski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Londake

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Gostomski

(Address) 533 S. Ann St

Filed 11/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 16 1907

that I last saw him alive on Nov 16 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. W. Griffith M.D.

Address Johns Hopkins Hosp

Date November 16 1907

Place of Burial St Stanislaus Cem

Date Nov 18th 1907

Undertaker St Nicolaus & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 6522 Registered No. B C 6522

CERTIFICATE OF DEATH.

(Place of Death.) No. 42 E. Williamson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harris E Collier

{ Residence, if in Baltimore, Give Street and Number. } 42 E Williamson St

Duration of Residence in Baltimore. ~~Sixteen~~ 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 19 1884

AGE 23 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles R Collier

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maggie A Earle

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles R Collier

(Address) 42 Williamson

Filed 11/18 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 16 1907

that I last saw him alive on Nov 16 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Phthisis

1 Year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 531 Lyndhurst

Date Nov 18th 1907

Place of Burial Winchester Queen Anne Co. Md.

Date November 19 1907

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 6523 Registered No. B C 6523

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 67 Brick Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Wagner

{ Residence, if in Baltimore, Give Street and Number. } 67 Brick Hill

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 18th 1829

AGE: 79 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose E. Brown

(Address) 57 Brick Hill

Filed 11/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Nov 16 1907

that I last saw h— alive on Nov 16 1907,

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery & Hemorrhage from bowels

(DURATION) 14 DAYS

Contributory (Primary) Gen debility & age

Heart & Kidney disease (DURATION) many yrs DAYS

(Signed) W. H. Feddeman M.D.

Address 800 1st Ave —

Date Nov 17th 1907

Place of Burial Woodlawn

Date Nov 19th 1907

Undertaker W. E. Chenoweth

Address 919 Third Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 6524 — Registered No. B C 6524

CERTIFICATE OF DEATH.

(Place of Death.) No. 1661 N Milton Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catherine Kirchenstein

{Residence, if in Baltimore, Give Street and Number.} 1661 N. Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. — COLOR W

DATE OF BIRTH 1

AGE 37 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Fred - R Schulling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Buettner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Kirchenstein

(Address) 1661 N Milton ave

Filed 11/18 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cr Nephritis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fred G Carmichael M.D.

Address Coroners Dept.

Date Nov 16 — 07 1907

Place of Burial Holy Redeemer

Date 11/19 1907

Undertaker Wm J Schluin

Address 9 S. Bappleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6525 Registered No. B C 6525

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 959 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dougherty

{ Residence, if in Baltimore, Give Street and Number. } 908 Druid Hill Ave.

Duration of Residence in Baltimore. Sixty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John McCarthy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Nancy McNeely

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Lewis

(Address) 1212 Hanford Ave.

Filed 11/18 1907 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

... (DURATION) 14 DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Sean Balcomin M.D.

Address 700 Lafayette Ave. (Corner)

Date Nov. 17th 1907

Place of Burial St Patricks

Date 11/20 1907

Undertaker Wm J Schilling

Address 9 S. Poplar Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 6526 Registered No. B C 6526

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 305 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Miller

{Residence, if in Baltimore, Give Street and Number.} 305 Hanover st.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 17th 1907

AGE 0 years, 4 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Miller

(Address) 305 Hanover St.

Filed 11/18 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1907 to Nov 17th 1907 that I last saw her alive on Nov 16th 1907, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

marasmus

(DURATION) DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard

Date Nov 17th 1907

Place of Burial Loudon Park ✓

Date Nov. 18 1907

Undertaker Mrs Geo. P. Pauluss

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 6527 — Registered No. B C 6527

CERTIFICATE OF DEATH.

64 L

(Place of Death.) No. 1519 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Meyers

{ Residence, if in Baltimore, Give Street and Number. } 1519 Canton ave

Duration of Residence in Baltimore. 40 40

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 59 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Fregele

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Miller

(Address) 602 S. Dallas st

Filed 11/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13" 1907 to Nov 15" 1907 that I last saw her alive on Nov 15 1907 and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) John Falk M.D.

Address 907 Eastern Ave.

Date Nov 18 1907

Place of Burial Mt. Carmel Cem.

Date Nov. 18" 1907

Undertaker Wendell Lipkel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

C 6528

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6528

City of Baltimore, (No. 1316 Hollbrook St., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME John Noetzel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 15 (Day) 1840 (Year)

AGE: 67 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Geo. Noetzel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Wheelright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Noetzel

(Address) 1316 Hollbrook St

Filed 11/18 190 7

HARRY O. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 16th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25th 1907 to Nov 16th 1907

that I last saw him alive on Nov 14th 1907, 7 30

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Diffuse Bronchitis

(DURATION) 24 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. W. Holmes M. D.

Nov 16th 1907 (Address) 150 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 19 1907

UNDERTAKER: A. Fink & Son — ADDRESS: 916 E Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6529

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

C 6529

Registered No. B .....

City of Baltimore, (No. 11 N. Shroeder St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Elizabeth Schenerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb (Month) 4 (Day) 1831 (Year)

AGE: 76 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wenderroth

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Schenerman

(Address) 11 N Shroeder

Filed 11/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Nov 16 1907

that I last saw h[illegible] alive on 14 1907,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Carcinoma of liver
ext gastro-Carcinoma

(DURATION) 1 DAYS

Contributory Jaundice (DURATION) 2 months DAYS

(Signed) John Freeburger M. D.

Nov 17 1907 (Address) 1913 N Chas

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: Nov 19 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: 1000 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6530

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6530

Registered No. B .....

City of Baltimore, (No. 2920 Walbrook Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel A. Leister

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. (Month) 31st (Day) 1863 (Year)

AGE: 44 years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Carroll Co. Md.

FULL NAME OF FATHER: Daniel F. Leister

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

MAIDEN NAME OF MOTHER: Mary C. Manahan.

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

OCCUPATION OF DECEASED: Clerk (Buyer)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Dickson

(Address) 3053 W. North Ave.

Filed 11/18 1907. HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8th 1907 to Nov. 16th 1907 that I last saw h.. alive on Nov. 16 1907, and that death occurred, on the date stated above, at 11.15 A. M. The CAUSE OF DEATH was as follows:

Pleuro-pneumonia on right side, followed by Pleurisy on left side. (DURATION) 9 DAYS

Contributory Acute Dilatation of the heart (DURATION) 1 DAYS

(Signed) J. C. Dickson M. D.

Nov. 16 1907. (Address) 3053 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Westminster Carroll Co. Md. DATE OF BURIAL: Nov 19 1907

UNDERTAKER: Geo J Smith & Co ADDRESS 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6531 — Registered No. B C 6531

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 116 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Burnett

{Residence, if in Baltimore, Give Street and Number.} 120 N. Eden st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 30 1836

AGE: 71 years, 1 months, 13 days

~~SINGLE, MARRIED,~~ WIDOWER, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Burnett

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Jane Guest

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Burnett

(Address) 116 N. Eden st.

Filed 11/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Nov 16th 1907

that I last saw him alive on Nov 15th 1907,

and that death occurred, on the date stated above, at 1230 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 9 Mos DAYS

Con ributory (Primary.)

Organic Heart Disease (DURATION) 9 Mos

(Signed) Elijah J. Russell M.D.

Address 433 N. Broadway

Date Nov 16th 1907

Place of Burial Baltimore County

Date Nov 18 1907

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. B C 6532

C 6532

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 516 Norris alley St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name James A Johnson

{Residence, if in Baltimore, Give Street and Number.} 516 Norris alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ — —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Howard Johnson

BIRTHPLACE OF FATHER (State or country): Balt City

MAIDEN NAME OF MOTHER: Florence Jennings

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Johnson

(Address) 516 Norris aly

Filed 11/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Wm Baccomin M.D.

Address 700 Eag. ave (Canton)

Date Nov 17th 1907

Place of Burial Mont Auburn

Date Nove 19 1907

Undertaker John H Owens & Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6533 — Registered No. B C 6533

CERTIFICATE OF DEATH.

(Place of Death.) No. 432 N Rose St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie May Elton

{Residence, if in Baltimore, Give Street and Number.} 432 N Rose st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 5th 1878

AGE: 29 years, 8 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George F Elton

BIRTHPLACE OF FATHER (State or country): Laurel Md

MAIDEN NAME OF MOTHER: Marie P Limpert

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F Elton Father

(Address) 432 N Rose st

Filed 11/18 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 17 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to Nov 17 1907

that I last saw her alive on Nov 16 1907,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) 11 months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Hood M.D.

Address 156 Milton Ave

Date Nov 17 1907

Place of Burial St Pauls Lutheran Cemetery

Date Nov 20th 1907

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6534 — Registered No. B C 6534

CERTIFICATE OF DEATH.

(Place of Death.) No. 322 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Matthew Timmins

{Residence, if in Baltimore, Give Street and Number.} 322 E. Biddle St.

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 16, 1880

AGE: 27 years, 4 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: F. M. Timmins

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary A. Slaybaugh

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 322 E Biddle St.

Filed 11/18 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to Nov 17 1907

that I last saw h— alive on Nov 17 1907,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure — Epilepsy

(DURATION) 6 DAYS

Contributory (Primary) Phthisis Pul-monalis (DURATION) 4½ DAYS

(Signed) W. J. Kaslin M.D.

Address 802 W. North Ave.

Date Nov 17 1907

Place of Burial Cathedral

Date November 20 1907

Undertaker H. C. Niedfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6535 — Registered No. B C 6535

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 510 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Shabek

{Residence, if in Baltimore, Give Street and Number.} 510 E. Eager St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 11 1907

AGE: ——— years, 3 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Shabek

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Julia Cronin

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 510 E. Eager St

Filed 11/18 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) ——— DAYS

Contributory (Primary.)

(DURATION) ——— DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Carrollton Ave

Date Nov. 17, 1907

Place of Burial Cathedral

Date November 18, 1907

Undertaker H. C. Hirdfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6536

Ward 10

C 6536

Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1015 Homewood Ave, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick F Loughran

{Residence, if in Baltimore, Give Street and Number.} 1015 Homewood Ave

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 17, 1836

AGE: 71 years, 6 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Tyrone, Ireland

FULL NAME OF FATHER: Peter Loughran

BIRTHPLACE OF FATHER (State or country): Tyrone, Ireland

MAIDEN NAME OF MOTHER: Margaret Arthurs

BIRTHPLACE OF MOTHER (State or country): Tyrone, Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P J. Loughran.

(Address) 1015 Homewood

Filed 11/18 1907

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 5.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease.

Jaundice

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Camalier M.D.

Address Cross Roads.

Date Nov. 16-07 190

Place of Burial Cathedral

Date Nov 19 190 7

Undertaker H. C. Wiedefeld

Address 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 6537 Registered No. B C 6537

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 427 S. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Wesley Bowen

{ Residence, if in Baltimore, Give Street and Number. } 427 S. Durham St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 17 1906

AGE 1 years, 17 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Bowen

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Baber

(Address) 427 S. Durham St

Filed 11/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1907 to Nov 17 1907 that I last saw h im alive on Nov 14, 1907, and that death occurred, on the date stated above, at 4:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanmitiation

(DURATION) 10 DAYS

Contributory (Primary.) Exhaistion (DURATION) - DAYS

(Signed) Geo Fuller M.D.

Address 1937 Gough St

Date Nov 18, 1907

Place of Burial First M. Evergreen cemetery

Date Nov 19th 1907

Undertaker J. B. Sloan & Son

Address 3715 E. Baltimore St

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 Registered No. 66538

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Smith.

{Residence, if in Baltimore, Give Street and Number.} 711 Bradley st Bay View

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female. COLOR: col.

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM. Supt.

(Address)

Filed 11/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1907

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to Nov. 17 1907

that I last saw h[illegible] alive on Nov. 17 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Endo-carditis

(DURATION) DAYS

(Signed) Ruth P. Bay M.D.

Address Bay View

Date Nov. 17 1907

Place of Burial Laurel

Date Nov 18 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6539

Ward 10 C 6539 Registered No. B 18

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 Ausgusta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J McGraw

{Residence, if in Baltimore, Give Street and Number.} 1002 Ausgusta St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John McGraw

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Margaret Carroll

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Reinhardt

(Address) 903 Somerset St

Filed 11/18 1907 HARRY O. ANDRAN., Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17th 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Nov 17th 1907 that I last saw him alive on Nov 17th 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate) Valvular disease with general anasarca

(DURATION) DAYS

Contributory (Primary.) Endocarditis (DURATION) DAYS

(Signed) J C Butler M.D.

Address 1809 N. Charles St

Date Nov 18th 1907 190

Place of Burial Cathedral Cem

Date November 19 1907

Undertaker Wm Leech

Address 502 E Monument ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6540

Ward 14 C 6540 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. Richard S. Southwaite W. S. Coal Pier St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mohamed-Salim

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Six days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Arabian Negro

DATE OF BIRTH 1

AGE about 60 years, 1 year 1 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Cairo. Egypt

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. Jules Thibideaux

(Address) R. S. Southwaite

Filed 11/18 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12th 1907 to Nov. 15th 1907

that I last saw h[illegible] alive on Nov. 16 1907,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion with Asthenia

(DURATION) One DAYS

Contributory (Primary.) Gastritis

(DURATION) 8 DAYS

(Signed) John D. Lucke M.D

Address 51 South Paca Street

Date Nov. 18th 1907

Place of Burial St Peters Cemetery

Date Nov 19th 1907

Undertaker Jos B. Cook

Address 1003 W Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C 6541

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 6541

City of Baltimore, (No. 433, 21 1/2 St.;, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bettie Robinson.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female.
COLOR	Colored.
DATE OF BIRTH	(Month) (Day) 1 Year)
AGE	49 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Virginia.
FULL NAME OF FATHER	Frank Thornton.
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Servant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Robinson.

(Address) 433 E 21½ St

Filed 11/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1907 to Nov. 16, 1907, that I last saw her alive on Nov. 16, 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pleuro-pneumonia.

(DURATION) 5 DAYS

Contributory Heart Failure

(DURATION) DAYS

(Signed) Hugh Forsythe, M. D.

Nov. 16, 1907 (Address) 424 E North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Gloster Co Va Gloster Point-Whall	Nov 18 1907
UNDERTAKER	ADDRESS
R A Ellett	506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 47 — C 6542 — Registered No. B C 6542

134

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital Baltimore Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Newton

{ Residence, if in Baltimore, Give Street and Number. } Emerton Richmond Co. Va

Duration of Residence in Baltimore. 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Nov 14 1872

AGE 35 years, months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Geo. H. Rich.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Sarah Bundey

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J B Rich

(Address) 1039 Chapel St

Filed 11/18 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17 1907

I HEREBY CERTIFY, That I attended deceased from 11/13 1907 to 11/17 1907

that I last saw h[illegible] alive on 11/17 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 4 DAYS

Contributory (Primary) Pelvic Hematoma pregnancy.

Following Extra Uterine (DURATION) 24 DAYS

(Signed) J. H. Bird M.D.

Address University Hosp Balt

Date November 17. 1907

Place of Burial Richmond Co Va Welford Wolf

Date Nov 19 — 1907

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

C 6543

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6543

City of Baltimore, (No. 1517 Bason St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Ed. Rane

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 8 (Month) 23 (Day) 1904 (Year)

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jos Rane

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catharine Restle

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos R Rane

(Address) Father 1517 Bason St

Filed 11/18 1907

HARRY O. ANDREWS, PERMIT CLERK and Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Nov 17 1907

that I last saw him alive on Nov 15 1907

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Erasmus Int. Tuberculosis
Cardio Vascular Degeneration
(Marasmus)

(DURATION) 30 DAYS

Contributory

(DURATION) 30 DAYS

(Signed) E N Lanny M. D.

Nov 17 1907 (Address) 304 Bantz Bldg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Catholic Cemetery

DATE OF BURIAL: Nov 18 1907

UNDERTAKER: D. J. Mahoney

ADDRESS: 120 W. Pratt

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 6544 — Registered No. B C 6544

CERTIFICATE OF DEATH.

(Place of Death.) No. 38 E. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Ames

{Residence, if in Baltimore, Give Street and Number.} 38 E. Barney

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 13 1906

AGE: 1 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John N. Ames

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Caldwell

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John N. Ames

(Address) 38 E. Barney

Filed 11/18 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 18 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Nov 18 1907

that I last saw him alive on Nov 17 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAY

Contributory (Primary.) Bronchial Pneumonia (DURATION) 1 DAY

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Nov 18 1907

Place of Burial Cathedral Cem Boswell Blue

Date Nov 19, 1907

Undertaker D. J. Falvey

Address 1 E. Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6545 — Registered No. B C 6545

CERTIFICATE OF DEATH.

(Place of Death.) No. 1301 Bolton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theophilus Munder

{Residence, if in Baltimore, Give Street and Number.} 1301 Bolton St

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 1st 1833

AGE: 74 years, 3 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John F. Munder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosa Lust

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Munder

(Address) ?

Filed 11/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to Nov 17 1907

that I last saw h in alive on Nov 17 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure, from

organic Heart Disease,

(DURATION) DAYS

Contributory (Primary)

(DURATION) 3 DAYS

(Signed) J. S. Feldstein M.D.

Address 211 W. Lanvale St

Date Nov 18th 1907

Place of Burial London Park Cemetery

Date Nov 19 1907

Undertaker Stewart & Groves Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 4

Registered No. BC 6546

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CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Butterly

{Residence, if in Baltimore, Give Street and Number.} 210 W Franklin St.

Duration of Residence in Baltimore. 7 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W.

DATE OF BIRTH June 23 1882

AGE 25 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Conn.

FULL NAME OF FATHER Charles E Butterly

BIRTHPLACE OF FATHER (State or country) Vermont

MAIDEN NAME OF MOTHER Margaret Thompson

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Charles E. Butterly

(Address) Waterbury, Conn.

Filed Nov 19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

C.S.C.B.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Nov 18 1907.

that I last saw him alive on Nov 18 1907

and that death occurred, on the date stated above, at 2

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis - (following Appendectomy operation - Necrotizing a.d.j.

(DURATION) 4 DAYS

Contributory (Primary.) Unknown

(DURATION) - DAYS

(Signed) R W Baker M.D.

Address Balto City Hospitals

Date 1907

Place of Burial Waterbury, Conn

Date Nov. 19, 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6547

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 6547 Registered No. B C 6547

CERTIFICATE OF DEATH.

(Place of Death.) No. 431 W 23rd St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles A Slater

{Residence, if in Baltimore, Give Street and Number.} 431 W 23rd St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Thomas Slater

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Moore.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Slater

(Address) 431 W. 23rd St

Filed [illegible] 190 HENRY O. ANDREWS, Registrar

11/19/07 HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17 1907

I HEREBY CERTIFY, That I attended deceased from

1907 to 1907

that I last saw h alive on Nov 16 1907,

and that death occurred, on the date stated above, at 2.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroner.

Date Nov 17 1907

Place of Burial Cathedral Cem

Date Nov 20. 1907

Undertaker Wm Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 6548 Registered No. B — C 6548

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Luther W Goutrum

{ Residence, if in Baltimore, Give Street and Number. } 1709 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 4 1907

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph Goutrum

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Lavie Ashmen.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Goutrum

(Address) 1709 Hanover St

Filed 11/19 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1907

I HEREBY CERTIFY, That I attended deceased from 11. 15 1907 to 11. 18 1907

that I last saw him alive on 11. 18 1907

and that death occurred, on the date stated above, at 3.30 a M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L Dunnington M.D.

Address 102 E Fort ave

Date 11. 18 1907

Place of Burial Laudenbach Park

Date Nov 19 1907

Undertaker Lowe & Cook

Address 502 E Baltimore.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 6549 Registered No. B C 6549

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital, Eccli. Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary H. Gregory.

{ Residence, if in Baltimore, Give Street and Number. } # 5 East Henrietta St. Balto. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: white

DATE OF BIRTH: 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Mr. Parks.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mrs. Ella Parks

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Dickner

(Address) 425 W. Camden st

Filed 11/19 1907

HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Nov 16 1907

that I last saw h er alive on Nov 16 1907,

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. De Gaiet M.D.

Address Johns Hopkins Hosp

Date Nov. 16, 1907

Place of Burial Baltimore Cem

Date Nov 19 1907

Undertaker W. J. Dickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be th duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6550 — Registered No. B C 6550

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 Walnut St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Bond

{Residence, if in Baltimore, Give Street and Number.} 514 Walnut St.

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Col.
DATE OF BIRTH	July 26 1847
AGE	60 years, 9 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Penna.
FULL NAME OF FATHER	Andrew Bond
BIRTHPLACE OF FATHER (State or country)	Penna.
MAIDEN NAME OF MOTHER	— —
BIRTHPLACE OF MOTHER (State or country)	— —
OCCUPATION OF DECEASED	Bodcarrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Bond

(Address) 514 Walnut St.

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1907 to Nov. 16 1907 that I last saw h[illegible] alive on 6.30 P.M. 1907, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemmorhage on brain Pressure. (DURATION) 1 DAYS

Contributory (Primary.) Apoplexy (DURATION) DAYS

(Signed) [illegible] M.D.

Address Frank Eversfield MD

Date Nov. 17th 1907.

Place of Burial Mt. Auborn Cemetery

Date November 20th 1907

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6551 — Registered No. B C 6551

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 N. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Grant Carroll

Residence, if in Baltimore, Give Street and Number. 508 N. Pine St.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Colored

DATE OF BIRTH May 22nd 1867

AGE 40 years, 5 months, 24 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Mark Grant

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Carroll

(Address) 508 N. Pine St.

Filed 11/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to Nov. 15 1907

that I last saw her alive on Nov 15 1907

and that death occurred, on the date stated above, at 9.05 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Endocarditis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) S. B. Hughes M.D.

Address 765 George St

Date Nov. 15th 1907

Place of Burial Mt. Auburn Cemetery

Date November 19th 1907

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6552 — Registered No. B C 6552

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Murdoch

{Residence, if in Baltimore, Give Street and Number.} 904. McCulloh St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 16th 1824

AGE 83 years, — months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William H. Murdoch

BIRTHPLACE OF FATHER (State or country) Elgin Scotland

MAIDEN NAME OF MOTHER Mary Cole

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridge Murdoch

(Address) 904. McCulloh St Balto.

Filed 11/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17th 1907

I HEREBY CERTIFY, That I attended deceased from November 9th 1907 to November 17th 1907

that I last saw her alive on Nov 16th 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma.

Cerebral Abscess (DURATION) 1 DAY

Contributory (Primary.) General Arteriosclerosis (DURATION) — DAYS

(Signed) Wm. F. Lockard M.D.

Address 8 E. Eager St

Date Nov. 18th 1907

Place of Burial Greenmount Cemetery

Date November 19th 1907

Undertaker Evans & Spence

Address 1184 & 1220 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 6553 — Registered No. B C 6553

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 940 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edmund F Butler

{Residence, if in Baltimore, Give Street and Number.} 940 W Saratoga St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colord

DATE OF BIRTH: 1

AGE: 78 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Colbiar Butler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Butler

(Address) 940 W Saratoga St

Filed 11/19 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Nov 16 1907

that I last saw h in alive on Nov 16 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

3 mos (DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) DAYS

(Signed) E H Howard M.D.

Address 939 W Fayette St

Date Nov 16 1907

Place of Burial Laurel Cem

Date Nov 19 1907

Undertaker Jno. H. Toadvine

Address 142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 6554 *Registered No. B* C 6554

CERTIFICATE OF DEATH.

120

(Place of Death.) *No.* 1811 N Washington *St.*

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Clay Lapsley

{ Residence, if in Baltimore, Give Street and Number. } 1811 N. Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 5th 1882
AGE	25 years, 7 months, 11 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Thomas J. Lapsley
BIRTHPLACE OF FATHER (State or country)	Pa
MAIDEN NAME OF MOTHER	Caroline C. Pittroff
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J. Lapsley

(Address) 1811 N. Washington St

Filed 11/19 1907 HARRY C. ANDREWS; PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Nov 16th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov 16 1907

that I last saw him alive on Nov 16 1907,

and that death occurred, on the date stated above, at 12.30

M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Last illness (DURATION) 7 DAYS

Contributory (Primary.) Bright's disease

Several months (DURATION) ~~DAYS~~

(Signed) Wm T. Watson M.D.

Address 2128 St Paul St

Date Nov 17th 1907

Place of Burial Druid Ridge Cemetery

Date NOV 20 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C 6555 *Registered No. B* C 6555

CERTIFICATE OF DEATH. 64

(Place of Death.) *No.* 237 N Carlton *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Robinson

{ Residence, if in Baltimore, Give Street and Number. } 237 N Carlton

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Bk

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER d.

BIRTHPLACE OF FATHER (State or country) d.

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cooper

(Address) 237 Carlton

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 09 1907 to Nov 17 1907

that I last saw her alive on Nov 16 1907

and that death occurred, on the date stated above, at 5 A.M.

CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemorrhage

3 wks (DURATION) DAYS

Con'tributory (Primary.) Asthenia

1 wk (DURATION) DAYS

(Signed) R L Norwood M.D.

Address 939 W Fayette St

Date Nov 17 1907

Place of Burial Mt Auburn Cemetery

Date Nov 19 1907

Undertaker R St Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

C 6556

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6556

Registered No. B

City of Baltimore, (No. 221 Chestnut St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col

DATE OF BIRTH Unknown
(Month) (Day) Year)

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 221 Chestnut St

Filed 11/19 1907

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Nov 17 1907 that I last saw h alive on Nov 16 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Arthritis with Dropsy

(DURATION) 77 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. C. Burns M. D.

Nov 17 1907 (Address) 1926 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 19 1907
UNDERTAKER	ADDRESS
R. F. Elliott	536 Rogers Ave

✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 6557 Registered No. B C 6557

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 Lexington St East St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Rebecca Losher

{Residence, if in Baltimore, Give Street and Number.} 1232 E Lexington St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 30 1903.

AGE 3 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Philip Losher

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosie Cutkin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Losher

(Address) 1232 E. Lexington

Filed 11/19 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Nov 18 1907

that I last saw h alive on Nov 18 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Severe bronchitis with bronchopneumonia, came to me for treatment

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles st

Date Nov 18 1907

Hebrew Cemetery

Place of Burial Washington Rd

Date Nov 19 1907

Undertaker Mrs Lemmon

Address Lexington & Eutaw sts

11 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24th — C 6558 — Registered No. B C 6558

CERTIFICATE OF DEATH.

(Place of Death.) No. Woodalls Shipyard Foot of Stevenson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Manuel Vaes

{ Residence, if in Baltimore, Give Street and Number. } Schooner Wm J Lemond Ft of Stevenson St

Duration of Residence in Baltimore. 20 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 24 years, — mon'ts, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Valparaiso Chile

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Patterson

(Address) Engineer Schooner Wm J Lemond

Filed 11/19 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at ———

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

— (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo M Reinhardt M.D.

Coroner

Address

Date November 18 1907

Place of Burial Balto Cem —

Date Nov 19th 1907

Undertaker A. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 6559 — Registered No. B C 6559

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1916 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth W. Weyand

{Residence, if in Baltimore, Give Street and Number.} 1916 W Lanvale St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH about 33 yrs 1

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Sauer.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anne Ronser.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Clarence Myers

(Address) 1916 W Lanvale St

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Nov 17 1907 that I last saw h[er] alive on Nov 17 1907, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) Pneumonia

(DURATION) 11 DAYS

(Signed) James Dooley M.D.

Address 1701 Hollins St

Date Nov 18 1907

Place of Burial London Park

Date Nov 19 1907

Undertaker W. J. Tickner & Son

Address Lauden & Pace

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 6560 Registered No. B C 6560

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew L. Johnson,

{Residence, if in Baltimore, Give Street and Number.} 632 S. Paca St.

Duration of Residence in Baltimore. 40 Years,

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR White

DATE OF BIRTH August 17, 1851

AGE 51 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Petersburg, Va.

FULL NAME OF FATHER Benjamin R. Johnson,

BIRTHPLACE OF FATHER (State or country) Petersburg, Va,

MAIDEN NAME OF MOTHER Mary E. Wall.

BIRTHPLACE OF MOTHER (State or country) Petersburg, Va.

OCCUPATION OF DECEASED Master Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin L. Johnson

(Address) 832 Edmondson Ave

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1907 to Nov. 17, 1907 that I last saw him alive on Nov. 17, 1907 and that death occurred, on the date stated above, at 10.20 A. M. CAUSE OF DEATH (Secondary or Immediate) Cause

(DURATION) 3 DAYS

Contributory (Primary.) Interstitial Nephritis

(DURATION) 2½ Years

(Signed) Albert T. Chambers, M.D.

Address 614 S. Paca St.

Date Nov. 17, 1907

Place of Burial Mt. Olivet Cem

Date Nov 19 1907

Undertaker H. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6561

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 6561

City of Baltimore, (No. 2543 McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Benzion and Dora Rosenbaum

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 11 (Month) 15 (Day) 1907 (Year)

AGE: X years, X months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: B. Z. Rosenbaum

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora Strauss

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Z Rosenbaum

(Address) 2543 McCulloh St.

Filed 11/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 17 1907 to Nov. 18 1907 that I last saw him alive on Nov. 18 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Convulsions

Gastro-Intestinal (?)

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Joseph Blum M. D.

Nov-19 1907 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Hebrew

DATE OF BURIAL: Nov 19 1907

UNDERTAKER: Wm H Sendheim

ADDRESS: 923 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C 6562 — Registered No. B C 6562

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 1148 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel Lutz

{Residence, if in Baltimore, Give Street and Number.} 1148 W. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ... years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas T Lutz

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Grace Swan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1907 to Nov. 17 1907 that I last saw h~~e~~ alive on Nov. 16 1907 and that death occurred, on the date stated above, at ~~H.~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception

four days (DURATION) DAYS

Con'tributory (Primary.) Hathemia

(DURATION) DAYS

(Signed) John Banzet M.D.

Address 1302 W. Lombard st

Date Nov. 18 1907

Place of Burial Mt. Olivet

Date Nov. 19th 1907

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married, single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 6563 — Registered No. B C 6563

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 E. 25th St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs. M. E. Doolittle

{Residence, if in Baltimore, Give Street and Number.} 308 E. 25th St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 16 1842

AGE: 65 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Conn.

FULL NAME OF FATHER: Benj. Doolittle

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: Bettsie Collins Moore

BIRTHPLACE OF MOTHER (State or country): Conn.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lelia T. Doolittle

(Address) 308 E. 25th St

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1907 to Nov. 16 1907

that I last saw h[illegible] alive on Nov. 16 1907

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

Cancer

Duodenum

(DURATION) 16 DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Ross M.D.

Address 2006 E. Baltimore

Date Nov. 18 1907

Place of Burial Druid Ridge Cem.

Date Nov. 19th 1907

Undertaker Geo. Eyser

Address Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 6564 *Registered No. B* C 6564

14

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 707 N. Madeira *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wenceslaus Krejci

{ Residence, if in Baltimore, Give Street and Number. } 707 N. Madeira St

Duration of Residence in Baltimore. 8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Wenceslaus Krejci

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Skrivan

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wenceslaus Krejci

(Address) 707 N. Madeira St

Filed 11/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17th 1907 to Oct 18th 1907

that I last saw her alive on Oct 18th 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Dis of Heart

3 Days (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Elmer M.D.

Address 1504 E. Eager

Date Nov 19th 1907

Place of Burial Oak Hill

Date Nov. 20 1907

Undertaker Jerome B. Brach

Address 1404 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 6565 — Registered No. B C 6565

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 N. Port St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frantisek Pazdera

{Residence, if in Baltimore, Give Street and Number.} 102 N. Port St

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Jan Pazdera

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Aloisie Pazdera

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frantisek Pazdera

(Address) 517 N. Port st

Filed 11/19/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Nov. 18 1907

that I last saw him alive on 11 1907,

and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary) Cardiac Exhaustion (DURATION) DAYS

(Signed) William J Kyoanz M.D.

Address 1708 Eastland Ave

Date Nov. 18 - 07 1907

Place of Burial Mt Olivet

Date Nov 19 1907

Undertaker Jerome G. Murdoch

Address 1914 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6566 — Registered No. B C 6566

CERTIFICATE OF DEATH.

(Place of Death.) No. 2116 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Weber

{Residence, if in Baltimore, Give Street and Number.} 2116 E Madison St

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 5 1845

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER don't know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER don't know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Weber

(Address) 2116 E Madison

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Nov 16 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 5:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

about 3 months (DURATION) DAYS

Contributory (Primary.) Hemorrhage of Stomach (DURATION) DAYS

(Signed) J. H. Collentine M.D.

Address 1810 E Balto

Date Nov 18 1907

Place of Burial Day Lawn

Date Nov 20 1907

Undertaker Robt J Turner

Address 1742 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 6567 — Registered No. B C 6567 — 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Wood Trainor

{Residence, if in Baltimore, Give Street and Number.} 1119 E Monument

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Nov 5 1877

AGE 30 years, — months, — days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Trainor

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Martha J Wood

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Trainor

(Address) 1119 E Monument

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Nov 10 1907

that I last saw him alive on Nov 10 1907,

and that death occurred, on the date stated above, at 12

11. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Tuberculosis of Lungs

(DURATION) DAYS

(Signed) Edmund Chiver M.D.

Address 316 E North Ave

Date Nov 18th 1907

Place of Burial New Cathedral

Date Nov 20 190

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 6568 Registered No. B C 6568

CERTIFICATE OF DEATH.

(Place of Death.) No. 2421 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josiah Blocker

{Residence, if in Baltimore, Give Street and Number.} 2421 E. Chase St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 12 Th 1856 1886

AGE 51 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Hezekiah Blocker

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Caroline Lowey

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Blocker

(Address) 2421 E Chase St.

Filed 11/19 1907 HENRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16th, 1907

I HEREBY CERTIFY, That I attended deceased from November 1907 to November 1907 that I last saw him alive on " " 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma and Phlebitis

(DURATION) 2 DAYS

Contributory (Primary.) Interstitial Nephritis

(DURATION) 6 mos

(Signed) Albert S. Dingwall M.D.

Address 1503 E. North Ave.

Date November 17th. 1907.

Place of Burial Balto Cemetary

Date 19th Nov 190

Undertaker J. Turner

Address 1 Broadway & Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 6569 — Registered No. B C 6569

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1024 Boyd St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Hughes

{Residence, if in Baltimore, Give Street and Number.} 1024 Boyd St -

Duration of Residence in Baltimore. Life Long

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 27 1907

AGE ..... years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER John Crabson Hughes

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Lula May Forman

BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Hughes

(Address) 1024 Boyd St

Filed 11/19 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 18 - 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17 - 1907 to Nov 12 1907 that I last saw h[im] alive on Nov 12 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Gastro Enteritis

(DURATION) 26 DAYS

Contributory (Primary) Acute Pleurisy of

Convulsions (DURATION) 3 hours

(Signed) Henry Ed Ohlt M.D.

Address 1705 N. Fayette St

Date Nov - 19 - 07 1907

Place of Burial St Marys Hampden

Date Nov 19 1907

Undertaker Wm E Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 6570 Registered No. B C 65.0

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1515 Barroughs St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie M. Linse

{Residence, if in Baltimore, Give Street and Number.} 1515 Barroughs St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Nov 4 1907

AGE — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. C. Linse

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Carrie M. Gerbrick

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo C Linse

(Address) 1515 Burroughs St

Filed 11/19 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 18 1907

that I last saw h alive on Nov 17 1907,

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

(DURATION) 1 DAYS

Contributory (Primary.) Acute Congestion of Lungs (DURATION) 2 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Nov 18 1907

Place of Burial Mt Olivet Cemetery

Date November 19 1907

Undertaker Davis and M. J. Flynn

Address 42 East West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 6571 — Registered No. B C 6571

CERTIFICATE OF DEATH.

(Place of Death.) No. 2216 Eager Place St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary C. Johns

{Residence, if in Baltimore, Give Street and Number.} 2216 Edger Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 3 1849

AGE 58 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm Rohlfing

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard W. Johns

(Address) 2216 Eager Place

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Nov 18 1907

that I last saw her alive on Nov 18 1907,

and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Intestinal Tuberculosis

7 Months (DURATION) 3 DAYS

Contributory (~~Primary.~~)

Exhaustion (DURATION) DAYS

(Signed) J. J. Schwatka M.D.

Address 1003 N. Gway

Date Nov 19th 1907

Place of Burial Baltimore County

Date Nov. 22 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 6572 Registered No. B C 6572

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 S. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georges W. Barnes

{Residence, if in Baltimore, Give Street and Number.} 229 S. Spring st

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1846

AGE: 61 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Barnes.

(Address) 229 S Spring st

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1907 to Nov. 17th 1907 that I last saw h alive on 11 12 1907, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 30 DAYS

Contributory (Primary.) Apoplexy

(DURATION) ~ DAYS

(Signed) Jacob L. Grimm M.D.

Address 1735 Bank

Date Nov. 18th 1907

Place of Burial Asbury ✓

Date Nov 19th 1907

Undertaker Wm J. Jackson

Address 1421 Mulliken Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6573

Ward 12

Registered No. B C 6573 ✓

103

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carroll Nicholson

{ Residence, if in Baltimore, Give Street and Number. } 125 W. 20th Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 25 1877

AGE: 30 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Andrew J Nicholson

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Rebecca Dumbel

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adele Nicholson

(Address) 125 W 20th St.

Filed 11/19 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1907 to Nov 18th 1907

that I last saw him alive on Nov 17th 1907,

and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia from Nephritis and following Operation for Perforating ulcer of Stomach

of Foot Left Arm (DURATION) 4 DAYS

Contributory (Primary.) Perforating ulcer Broad Form of Stomach (DURATION) DAYS

(Signed) Nathan R. Gosler M.D.

Address 1 W. Biddle St

Date Nov. 18th 1907 ✓

Place of Burial Gr E En mount

Date Nov 20th 1907 190

Undertaker Henry H. Jenkins Sons Co

Address Howard and Madison Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6574 Registered No. B C 6574

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 2106 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia H Brown

{ Residence, if in Baltimore, Give Street and Number. } 2105 St Paul life time

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE about 80 years

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Brown

BIRTHPLACE OF FATHER (State or country) Frederick Co Va

MAIDEN NAME OF MOTHER Mary Haugh

BIRTHPLACE OF MOTHER (State or country) Loudon co Va

OCCUPATION OF DECEASED nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. P. Sharp

(Address) 2105 St [redacted]

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19th 1907

I HEREBY CERTIFY, That I attended deceased from November 17th 1907 to November 19th 1907 that I last saw her alive on Nov. 19th 1907, and that death occurred, on the date stated above, at 3.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Arterio-sclerosis

(DURATION) DAYS

(Signed) Gustavus C. Ohne, M.D.

Address 1508 Guilford Ave.

Date November 19th 1907

Place of Burial Friends Cem

Date Nov 20th 1907

Undertaker New Jenkins Hond Co

Address 300 W Madison Cor Howard St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6575

Ward 23

C 6575

Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 Hanover St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmina Krebs

{Residence, if in Baltimore, Give Street and Number.} 1211 Hanover

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 13th 1839

AGE: 68 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Henry Wolf

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Krebs

(Address) 1211 Hanover st

Filed 11/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Nov. 18th 1907

that I last saw her alive on Nov. 17 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. Lee Francis M.D.

Address 1228 E. Eutaw

Date Nov. 18 1907

Place of Burial London Park Cem

Date Nov 21st 1907

Undertaker E. Schloman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 6576 Registered No. B C 6576 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Floyd.

{Residence, if in Baltimore, Give Street and Number.} 2517 West North Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 15th 1853

AGE 54 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas. T. Floyd

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Amanda Sensency

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss A. Floyd

(Address) 2517 N. North Ave

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 17 1907 to Nov. 18 1907

that I last saw h[er] alive on Nov. 18 1907,

and that death occurred, on the date stated above, at 6.23 P. M. CAUSE OF DEATH (Secondary or Immediate)

Passive Congestion

of lungs.

(DURATION) 2 DAYS

Contributory (Primary.) Hemorrhage of Renal

Vessels due to traumatic laceration. (DURATION) 14 DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mount St

Date Nov. 18 1907.

Place of Burial Green Mount Cem.

Date Nov. 21 1907 1907

Undertaker David M[c] Lean Co

Address 833 Linden avenue.

WM. J. C. DULANY CO., BALTIMORE.

* Deceased accidentally fell while running for car, causing injury to kidneys a.D.D.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 6577 *Registered No. B* C 6577

93

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 31 E. Bond *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Clay Etchberger

{ Residence, if in Baltimore, Give Street and Number. } 31 E Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE — years, 13 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Roy H Etchberger

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Johanna Guy

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Guy

(Address) 31 S Bond St

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 14 1907 that I last saw h in alive on Nov 14 1907 and that death occurred, on the date stated above, at 12 30 p m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Lobar pneumonia

Influ (DURATION) DAYS

(Signed) C. F. Blake M.D.

Address 1023 E Balto

Date Nov 19 1907

Place of Burial Balto Cemetery

Date Nov 21st 1907

Undertaker J E Rugby

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 6578

Ward 14 C 6578 *Registered No. B* 151

CERTIFICATE OF DEATH.

(Place of Death.) *No.* St Vincents Infirmary *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Cassidy

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH Aug 31 1907

AGE ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Bal.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy

Address

Filed 11/19 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12 ~~and~~ M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R Walker M.D.

Address .....

Date Nov 19 1907

Place of Burial New Cathedral

Date November 17 1907

Undertaker Martin Dukes Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6579 — Registered No. B C 6579

15F

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant St (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Paul Wilson

{Residence, if in Baltimore, Give Street and Number.} St Vincent

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: Sept 30 1	
AGE: ..... years, 1 months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 11/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R T Marlin M.D.

Address .....

Date Nov 18 1907

Place of Burial New Cathedral

Date November 19 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6560 *Registered No. B* C 6560

15

CERTIFICATE OF DEATH.

(Place of Death.) *No.* St Vincents Inf Asy *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Wallace

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W

DATE OF BIRTH Oct 4 1907

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 11/19 1907 HARRY C. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) R J Marlin M.D.

Address

Date Nov 18 1907

Place of Burial New Cathedral

Date November 19 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6581 Registered No. BC 6581

1514

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infy Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Day.

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infy Asy't

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: Oct 26 1907

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy Asy't

(Address)

Filed 11/19 1907 HARRY O'ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 a m CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) R S Marlow M.D.

Address .....

Date Nov 18 1907

Place of Burial New Cathedral

Date November 19 1907

Undertaker Marden Tuttle & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6582

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 6582

Registered No. B.....

City of Baltimore, (No. 508, N Arlington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Son of Thos F. & Lola Hard Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov (Month) 18 (Day) 1907 (Year)

AGE: ..... years, ... months, 2 Hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thos. F. Jones

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lola Hard

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lola Hard Jones

(Address) 508 N. Arlington ave

Filed 11/18" 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Nov 18 1907

that I last saw him alive on Nov 18 1907,

and that death occurred, on the date stated above, at 4:20 P. M. The CAUSE OF DEATH was as follows:

Hemorrhage of Brain

..... (DURATION) ..... DAYS

Contributory Congenital Debility

as both (DURATION) ..... DAYS

(Signed) O P Davis M. D.

Nov 18 1907 (Address) 923 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bull Harbor, Va

DATE OF BURIAL: Nov. 20 1907

UNDERTAKER: E. M. Mitchell

ADDRESS: 150 N. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 6583 Registered No. B C 6583

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fatie Smith

{Residence, if in Baltimore, Give Street and Number.} 609 S. Sharp St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Nov 16 1907

AGE ..... years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Samuel Smith

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Kate Stevens

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicey Stevenson

(Address) 153 W. Stiles St.

Filed 11/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Nov 20 1907 that I last saw h— alive on Nov 20 1907, and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 3 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 3 DAYS

(Signed) [illegible] M.D.

Address 712 S. Sharp St

Date Nov 20th 1907

Place of Burial Mt. auburn Cem.

Date Nov 20. 1907

Undertaker John H. Toadvin

Address 142 W. Stiles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 6584 — Registered No. B C 6584

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Mt Clare Station, Infirmary - Ostend St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Le Flower

{Residence, if in Baltimore, Give Street and Number.} 548 N Stricker St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Unknown 1830

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter L. a Flower

(Address) 626 N. Gilmor St

Filed 11/20 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1906 to Mar 18 1907 that I last saw her alive on Mar 17 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Recurrent Carcinoma

after Operation-Hysterectomy

for Carcinoma

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address Mt Clare Station, Infirmary

Date March 18 1907

Place of Burial Lorraine Cem.

Date Nov 20 '07

Undertaker A. Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6585 — Registered No. B C 6585

CERTIFICATE OF DEATH.

(Place of Death.) No. 901 Calvert Ct, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Jones,

{Residence, if in Baltimore, Give Street and Number.} 901 Calvert Ct;

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucinda Denby (Friend)

(Address) 901 Calvert Ct

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1907

I HEREBY CERTIFY, That I attended deceased from Winter of 1907 to Sept. 1907 that I last saw him alive on the 1st Sept. 1907, and that death occurred, on the date stated above, at 12 midnight.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Probably 2 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Walters M.D.

Address 1711 Madison Ave

Date Nov. 18 " 1907

Place of Burial Mt Auburn

Date November 20 1907

Undertaker R A Elliott

Address 506 Rogers Ave

a dispensary case Registered about 1907. at State Board of Health

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 6586 — Registered No. B C 6586

144

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dora Kenta

{Residence, if in Baltimore, Give Street and Number.} 1640 East Pratt Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 7 week's (years, months, days)

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dave Kenta

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachil Berkowitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Kenta

(Address) 1640 E Pratt st

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Nov 19 1907 that I last saw her alive on Nov 19 1907, and that death occurred, on the date stated above, at 2 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phlegmon of abdominal wall

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. J. MacCallum M.D.

Address Johns Hopkins Hospital

Date Nov 20 1907

Place of Burial Boardale Cemetery Helena

Date Nov 20, 1907

Undertaker Max Levinson

Address 1620 ne Eldersly st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 6587 — Registered No. B C 6587

CERTIFICATE OF DEATH.

119

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E. Smith

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR Black

DATE OF BIRTH Mar. 1 1906

AGE 1 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 11/20 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1907 to Nov 18, 1907 that I last saw h alive on Nov. 17 1907, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) 15 DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Caroline St.

Date Nov 19 1907

Place of Burial Cathedral Cemetery

Date Nov. 20 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C 6588 — Registered No. B C 6588

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 319. N. Fulton Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name S. Merryman Anderson,

{ *Residence, if in Baltimore, Give Street and Number.* } 319. N. Fulton Ave,

Duration of Residence in Baltimore. 5 Years,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May, 14th, 1842

AGE: 65 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Phoenix, Baltimore Co Md.

FULL NAME OF FATHER: John Anderson

BIRTHPLACE OF FATHER (State or country): Phoenix Baltimore Co Md.

MAIDEN NAME OF MOTHER: Sarah L Fuller

BIRTHPLACE OF MOTHER (State or country): Phoenix Baltimore Co Md.

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Anderson

(Address) 319. N. Fulton Ave.

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 18 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov - 6 - 1907 to Nov - 18 1907 that I last saw him alive on Nov - 17 1907, and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1/4 DAYS

Contributory (Primary.) Asthma + Organic Heart disease (DURATION) 365 DAYS

(Signed) Wm. W. Stark M.D.

Address 806 N. Fulton Ave

Date Nov - 18 1907

Place of Burial Loudon Park

Date Nov - 21 1907

Undertaker Wm. M. Gawthrop

Address North & Linden Aves.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 9th C 6589 *Registered No. B* C 6589

CERTIFICATE OF DEATH.

(Place of Death.) *No.* St. Joseph's Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Ziwork.

Residence, if in Baltimore, Give Street and Number. 6 - 8th. St. Sparrows Point.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Joseph Ziwark

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Susan Salamy

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Ziwork

(Address) Sparrows Pt

Filed 11/20 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1907 to Nov. 18 1907

that I last saw him alive on Nov. 18 1907,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Contributory (Primary) Typhoid fever.

pneumonia (DURATION) DAYS

(Signed) Wm Clark M.D.

Address St Joseph's Hospital

Date Nov. 18-1907. 1907

Place of Burial St Stanislaus

Date Nov. 20 1907

Undertaker Jacob Ziolkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 6590

Registered No. B C 6590

CERTIFICATE OF DEATH.

194

(Place of Death.) No. 219 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Bedford

{Residence, if in Baltimore, Give Street and Number.} 219 St Paul st

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick Co. Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " —

OCCUPATION OF DECEASED: Maid Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Peniston

(Address) 700 E Pleasant St

Filed 11/20 1907

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Nov 19 1907

that I last saw h alive on — 1907

and that death occurred, on the date stated above, at 2.35 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St

Date Nov. 19 1907

Place of Burial Laurel Cemetary

Date Nov 22 1907

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 6591 — Registered No. B C 6591

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 208. N. Vincent St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Earl

{ Residence, if in Baltimore, Give Street and Number. } 208. N. Vincent St.

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Cumberland Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Cumberland Md

MAIDEN NAME OF MOTHER Cant tell

BIRTHPLACE OF MOTHER (State or country) Cant tell

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Parker

(Address) 543 Oxford St

Filed 11/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 19 1907

that I last saw her alive on Nov 18 1907

and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Bright's Disease

(DURATION) 20 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) H. W. Slater M.D.

Address 1703 W. Lafayette

Date Nov 19 1907

Place of Burial Mt Olivet Cemetery

Date Nov. 21 1907

Undertaker Felix B Page

Address 102 E. Mulberry

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

Ward 10 C 6592 Registered No. B C 6592

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 802 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel J. Clements.

{Residence, if in Baltimore, Give Street and Number.} 802 Aisquith St.

Duration of Residence in Baltimore. 70 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 17 1824

AGE 83 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Sudlers Creek Md

FULL NAME OF FATHER Seth Clements

BIRTHPLACE OF FATHER (State or country) Queen Anns Co

MAIDEN NAME OF MOTHER Margret Seth

BIRTHPLACE OF MOTHER (State or country) Queen Anns Md

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Keenan

(Address) 802 Aisquith St

Filed 11/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Nov 18 1907

that I last saw h alive on Nov. 18 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

exhaustion

(DURATION) DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument St

Date Nov. 18 1907

Place of Burial St Vincents Cemetery

Date 21st November 1907

Undertaker Edward F. Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 6593 — Registered No. B C 6593

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna F. Bolicki

{ Residence, if in Baltimore, Give Street and Number. } 918 N Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 16th 1907

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Alexander Bolicki

BIRTHPLACE OF FATHER (State or country): Hungarian

MAIDEN NAME OF MOTHER: Fredericka Buehler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Bolicki

(Address) 918 N Washington St

Filed 11/20 1907

HARRY C. ANDRAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 19th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19th 1907 to Nov 19th 1907

that I last saw h— alive on Nov 19th 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Malnutrition

(DURATION) 14 DAYS

(Signed) Chas B. Lynch M.D.

Address 530 N Broadway

Date Nov 20 1907

Place of Burial Trinity Cemetery

Date Nov 20th 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6594 — Registered No. B C 6594

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 S. Potomac St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ida Hasse

{Residence, if in Baltimore, Give Street and Number.} 1105 S. Potomac St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 19th 1882

AGE 25 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Otto Luckau

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Waiskey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Hasse

(Address) 1105 S. Potomac St

Filed 11/20 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Nov 17th 1907 that I last saw h[illegible] alive on Nov 15th 1907, and that death occurred, on the date stated above, at 6-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary) Tuberculosis Pulmonalis (DURATION) 140 DAYS

(Signed) C. N. Athey M.D.

Address 2. Madison Ave

Date Nov 17th 1907

Place of Burial Evangelical Cemetery

Date Nov 20th 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6595

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH. C 6595

Registered No. B

City of Baltimore, (No. 155 Falls Road St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nelson E. Garrison

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Aug 18 1907 (Month) (Day) (Year)
AGE	..... years, 3 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Sing'l
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Nelson Garrison
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Mary Loudenslager
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Garrison

(Address) 155 Falls Road

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Nov 18 1907

that I last saw him alive on Nov 18 1907,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Edema (DURATION) 12 hours ~~DAYS~~

Contributory Bronchitis (DURATION) 30 DAYS

(Signed) C. Revantz M. D.

Nov 18 1907 (Address) 2165 - 3rd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudan Park — DATE OF BURIAL Nov 20 1907

UNDERTAKER R. S. Marshall — ADDRESS 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6596

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6596

THE ROBERT GARRETT HOSPITAL FOR CHILDREN
No. 27 North Carey Street.

Registered No. B.....

City of Baltimore, (No. ....., BALTIMORE, MD. ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 19 (Month) (Day) 1907 (Year)

AGE: 1 years, 4 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph W. Payne

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hattie M. Payne

BIRTHPLACE OF MOTHER (State or country): D. C.

OCCUPATION OF DECEASED: Chief

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W B Platt M D

(Address) 802 Cathedral

Filed 11/20 1907

HARRY C. ANDREWS, 1ST ASST. CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 19 1907
Nov (Month) 19 (Day) .. (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 18 1907 that I last saw h— alive on Nov 18 1907, and that death occurred, on the date stated above, at 1340 P. M. The CAUSE OF DEATH was as follows:

Enteritis.

(DURATION) 7 DAYS

Contributory Marasmus. Less

— (DURATION) — DAYS

(Signed) Walter B Platt M. D.

Nov 19 1907 (Address) 802 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery | DATE OF BURIAL: Nov 20 1907

UNDERTAKER: Liston & Trueschler | ADDRESS: 5701 York Rd

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6597

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71 L

CERTIFICATE OF DEATH.

Registered No. BC 6597

City of Baltimore, (No. 1510, Brunt St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Samuel Arthur Groomes.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: colored

DATE OF BIRTH: Jan. (Month) 9 (Day) 1907 (Year)

AGE: — years, 10 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 1510 Brunt St.

FULL NAME OF FATHER: Samuel A. Groomes.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Martha Harrison

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Grooms

(Address) 1510 Brunt st.

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9 1907 to Nov. 18 1907 that I last saw h[im] alive on Nov. 18. 1907, and that death occurred, on the date stated above, at 4.45 ..M. The CAUSE OF DEATH was as follows:

Convulsions (of Children)

(DURATION) 6 DAYS

Contributory dentition

(DURATION) 30 DAYS

(Signed) Lora Belle Brownlee M. D.

Nov 19 1907 (Address) 1027 Mad. ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Nov - 21 1907

UNDERTAKER: Isaac Brown

ADDRESS: 525 Dolphin

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6598

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

C 6598

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 724, W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Evelyn Rayfield

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) = (Day) 1870 (Year)

AGE: 37 years, ~~Sept~~ months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm L. Main

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary E. Ronoser

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Storm

(Address) 724 W. Saratoga St.

Filed 11/20" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 20 1907 to Nov. 19 1907 that I last saw her alive on Nov. 18 1907, and that death occurred, on the date stated above, at 5:45 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory Coma & Exhaustion

(DURATION) 1 DAYS

(Signed) G. A. Thiede M. D.

Nov. 19 1907 (Address) 705 N. Carrollton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Nov 21 1907

UNDERTAKER: M Cadogan | ADDRESS: 696 Mulberry

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 6599 *Registered No. B* C 6599

64

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1910 E Baltimore *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Capt Thomas Segerman

{ Residence, if in Baltimore, Give Street and Number. } 1910 E Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1

AGE: 72 *years,* *months,* *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Segerman

BIRTHPLACE OF FATHER (State or country): Sweeden

MAIDEN NAME OF MOTHER: Eliza Lauir

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Segerman Son of Deft

(Address) 1910 E Baltimore St.

Filed 11/20 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 19, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1907 to Nov 19 1907 that I last saw h[illegible] alive on Nov 19 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

causing paralysis.

(DURATION) Six DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 1500 E. Baltimore St.

Date Nov. 20, 1907

Place of Burial Greenmount CEMETERY.

Date NOV 22 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 1 — C 6600 — Registered No. B C 6600

CERTIFICATE OF DEATH. 190-

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gust Langguth

{Residence, if in Baltimore, Give Street and Number.} U. S. Marine Hospital

Duration of Residence in Baltimore. 16 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ ?

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. S. Williams

(Address) Marine Hospital

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19 1907

I HEREBY CERTIFY, That I attended deceased from November 4 1907 to November 19 1907 that I last saw h[im] alive on Nov. 19 1907 and that death occurred, on the date stated above, at 3:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart, mitral.

(Duration) Unknown DAYS

Contributory (Primary.) (Duration) DAYS

(Signed) L. S. Williams M.D.

Address U. S. Marine Hospital

Date November 20 1907

Place of Burial M & C Cemetery

Date Nov 20th 1907

Undertaker J. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6601 — Registered No. B C 6601

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 514 N. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. O'Toole

{Residence, if in Baltimore, Give Street and Number.} 514 N. High

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1862

AGE: 45 — 45 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Peter O'Toole

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget McDonough

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick O'Toole

(Address) 514 W High St

Filed 11/20 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18th 1907

I HEREBY CERTIFY, That I attended deceased from about Sept 1906 to Nov 18 1907 that I last saw him alive on Nov 16th 1907, and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Phthisis, Bronchial Tubes (DURATION) 2 Yrs DAYS

(Signed) Geo. B. Reynolds M.D.

Address 809 N. Charles St

Date Nov 19th 1907

Place of Burial New Cathedral Cemetery

Date Nov 21 1907

Undertaker Mc Ginnis-Carroll

Address 1227 Madison Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 6602 Registered No. B C 6602

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1610 Patterson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Maria Meyers

{Residence, if in Baltimore, Give Street and Number.} 1610 Patterson ave

Duration of Residence in Baltimore. 67 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Apr 9th 1

AGE 95 years, 7 months, 11 days

95 28

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Charlotte Meyers

(Address 1610 Patterson ave

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1907 to Nov 19 1907 that I last saw her alive on Nov 19 1907, and that death occurred, on the date stated above, at 1.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Jump M.D.

Address 1415 Madison ave

Date Nov 20 1907

Place of Burial Western Cemetery

Date Nov 22nd 1907.

Undertaker Geo Weber

Address 115 S. N. Carey st

WM. J. C. DULANY CO., Baltimore.

Kemp C. J.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6603 — Registered No. B C 6603

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1237 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hamper

{Residence, if in Baltimore, Give Street and Number.} 1237 E. Eager St.

Duration of Residence in Baltimore. 63 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Vogler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Schaal

(Address) 1237 E. Eager St.

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1907 to Nov. 17, 1907 that I last saw h[er] alive on November 12 1907, and that death occurred, on the date stated above, at 11 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 3 months DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Nov. 18, 1907

Place of Burial Holy Redeemer Cemetery

Date November 21st 1907

Undertaker Henry Hoeche Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ***sex, age, condition*** (whether married or single)

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6604 — Registered No. B C 6604

CERTIFICATE OF DEATH.

112

(Place of Death.) No. 1129 Homewood av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert C Seebode

{Residence, if in Baltimore, Give Street and Number.} 1029 Homewood av

Duration of Residence in Baltimore... Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ... 1...

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Philip Seebode

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Coach Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Seebode

(Address) 1029 Homewood Av

Filed 11/20 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1907 to Nov 19 1907

that I last saw him alive on Nov 19 1907,

and that death occurred, on the date stated above, at 12 o M. CAUSE OF DEATH (Secondary or Immediate)

Cause of Coma

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. W. Peter M.D.

Address 1238 Eutaw Av

Date Nov 19 1907

Place of Burial New Cathedral Cemetery

Date November 21st 1907

Undertaker Henry Hoerle & Sons

Address 1301 E. Eutaw Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

C 6605

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

404

C 6605

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. #1307 E. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Elgert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. (Month) 22nd (Day) 1842 (Year)

AGE: 66 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Elgert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Wholesale Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Bair

(Address) 1307 E. Lexington St.

Filed 11/20 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 19th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 29th 1907 to Nov 19th 1907 that I last saw him alive on Nov. 10th 1907, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Cancer of Stomach
4 Years
6 months (DURATION) — DAYS

Contributory (DURATION) DAYS

(Signed) John J. Heck. M. D.

Nov 19th 1907 (Address) #936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov. 21 1907

UNDERTAKER: C. W. Dill — ADDRESS: 810 Fredk. ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 6606 Registered No. B C 6606

166 C

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital, Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } "

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Unknown 1	
AGE: about twenty-five yrs ..... years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown	
BIRTHPLACE (State or country): "	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: "	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/20 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23rd 1907

I HEREBY CERTIFY, That I attended deceased from .....19o..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stroke, from Railroad injuries.

(DURATION) 1 DAYS

Con'tributory (Primary.) Accident, at Fulton Junction Pa. R.R. (DURATION) 1 DAYS.

(Signed) Lilian Baldwin M.D.

Address 700 Lex. Av. (Comm.)

Date Nov. 19th 1907

Place JOHNS HOPKINS HOSPITAL

Date NOV 2 1907 190

Undertaker Commissioner Board of Health

Address

FOR ADDITIONAL PURPOSES,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

239

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6607 — Registered No. B C 6607

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas H Robinson

{Residence, if in Baltimore, Give Street and Number.} 256 Chestnut St.

Duration of Residence in Baltimore. 8 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: B

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Va —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/20 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 4 1907 to Nov 18 1907

that I last saw him alive on Nov 18 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) — DAYS

Contributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) H H Baker M.D.

Address Bond City Hospitals

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 20 1907 190

Undertaker Health Department

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

Ward 5 A — C 6603 — C 6608 — Registered No. B ...

CERTIFICATE OF DEATH.

79

(Place of Death.) No. in front of 423 St. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 48 years, — months, — days (absent)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Hayden

(Address) 1216 N. Caroline St

Filed 11/20 190 7 — HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11, 190 7

I HEREBY CERTIFY, That I attended deceased from Chronic Pain 190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D. Coroner

Address 1216 N. Caroline St

Date Nov 20 — 190 7

Place of Burial COLLEGE OF P. & S

Date 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

...118

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 6609 Registered No. B C 6609

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Turner

{Residence, if in Baltimore, Give Street and Number.} 913 N Eachoun St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1888

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Turner

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella Freeland

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Factory hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Turner

(Address) 913 N. Eachoun St

Filed 11/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 20 1907

that I last saw h alive on Nov 20 1907

and that death occurred, on the date stated above, at 9.35

A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. W. Clough M.D.

Address Johns Hopkins Hosp

Date November 20 1907

Place of Burial Mt Auburn Cem

Date Nov 23 1907

Undertaker Sam'l W. Peacestar

Address 1011 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 6610 — Registered No. B C 6610

CERTIFICATE OF DEATH.

(Place of Death.) No. 2213 Brunt St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Louise Sheridan

{Residence, if in Baltimore, Give Street and Number.} 2213 Brunt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct 20. 1905

AGE: 2 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wallace R. Sheridan

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Susan Bowen

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella L Bowen

(Address) 2211 Brunt st

Filed 11/20 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 20. 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 20 1907

that I last saw her alive on Nov 19 1907

and that death occurred, on the date stated above, at 7.05 a M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Simple)

(DURATION) 7 DAYS

Contributory (Primary.) Dentition

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date Nov. 20. 1907

Place of Burial Int Gen Cemetery

Date Nov. 22 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 6611 — Registered No. B C 6611

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 N. Dallas St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Isiah Stubbs

{ Residence, if in Baltimore, Give Street and Number. } 11 N. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	B

DATE OF BIRTH: 1

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Crosby

(Address) 11 N Dallas St

Filed 11/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Dodge Cruikshank M.D.

Address .....

Date Nov 19 1907

Place of Burial Asbury Cemetary

Date 21 Nov 1907

Undertaker John W Henderson

Address 31 N Caroline St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6612

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 6612

City of Baltimore, (No. 1262 W. 25th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Solomon B Barnett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov (Month) 20 (Day) 1907 (Year)

AGE: ..... years, ... months, 5 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Solomon F Barnett

BIRTHPLACE OF FATHER (State or country): Prussia

MAIDEN NAME OF MOTHER: Annie Carpenter

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Solomon F Barnett

(Address) 1262 W. 25th St.

Filed 11/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1907 to Nov 20 1907 that I last saw him alive on Nov 20th 1907, and that death occurred, on the date stated above, at 7.30 a.m. The CAUSE OF DEATH was as follows:

Premature birth
6 mos, gestation

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J Walter Thomas M. D.

Nov 21 1907 (Address) 1220 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Old Methodist	Nov 21st 1907
UNDERTAKER	ADDRESS
A F Philbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...MENT, City of Baltimore.

C 6613

Ward 19

Registered No. B C 6613

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1400 W. Lexington Street Home

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Lyon Aged

{Residence, if in Baltimore, Give Street and Number.} Aged Mens Home

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1825

AGE 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ?

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. C. Summers

(Address) 1400 W. Lexington

Filed 11/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 19 1907

that I last saw h— alive on Nov 19 1907

and that death occurred, on the date stated above, at — P. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

(DURATION) 10 DAYS

Con ributory (Primary) Cerebral

(DURATION) 4 DAYS

(Signed) J. L. Monroe M.D.

Address 939 N Fayette

Date Nov 20 1907

Place of Burial Mt Carmel Cem

Date Nov 21 1907

Undertaker Geo J Smith Co.

Address 1010 W. Fayette

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 6614 Registered No. B C 6614

402

CERTIFICATE OF DEATH.

(Place of Death.) No. 1809 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie A. Hiff

{Residence, if in Baltimore, Give Street and Number.} 1809 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1839

AGE 68 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry A Hiff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rogers

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A B Donohue

(Address) 1809 N Broadway

Filed 11/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Nov 20 1907 that I last saw h[er] alive on Nov 19 1907, and that death occurred, on the date stated above, at 1-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

~~Cancer~~ (DURATION) 63 DAYS

Contributory (Primary.) Asthenia (DURATION) 63 DAYS

(Signed) A M Woodward M.D.

Address 1540 N Broadway

Date Nov 20 1907

Place of Burial Loudon Park

Date Nov 22 1907

Undertaker Robt J Turner

Address 1742 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

C 6615

Registered No. B C 6615

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 N Chapel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily F. Ashton

{Residence, if in Baltimore, Give Street and Number.} 1709 N Chapel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 31, Dec. 1903

AGE: 3 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Howard Ashton

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Theresa Hohmann

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Ashton

(Address) 1709 N Chapel St.

Filed 11/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1907 to Nov. 19, 1907 that I last saw h er alive on Nov. 19, 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Timmerkin M.D.

Address 653 Columbia Ave.

Date Nov. 20, 1907

Place of Burial Dacto Cemetery

Date Nov 21 1907

Undertaker Robt J Turner

Address 1412 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 6616 — Registered No. B C 6616

CERTIFICATE OF DEATH.

40

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Margaret Leahy

{Residence, if in Baltimore, Give Street and Number.} 711 W. Baltimore St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 29th 1847

AGE: 60 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Conrad Reuting

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Volkmar.

(Address) 711 W. Baltimore St.

Filed 11/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Nov 20 1907

that I last saw her alive on Nov 20 1907

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) anemia of liver (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Nov. 20 1907

Place of Burial Western Cemetery

Date Nov. 22nd 1907

Undertaker Mr & Mrs John H. Teufel

Address 201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6617

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 6617

City of Baltimore, (No. 1709 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thomas Flaherty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 3 (Day) 1839 (Year)

AGE: 68 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): America

FULL NAME OF FATHER: Hugh M. Flaherty

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Maria O. Flaherty

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie M. Flaherty

(Address) 1709 N. Calvert St

Filed 11/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 29 1906 to Nov. 19 1907

that I last saw h[illegible] alive on Nov. 16 1907,

and that death occurred, on the date stated above, at 8:00 P. M. The CAUSE OF DEATH was as follows:

Atrophic Cirrhosis of Liver
Chronic Pancreatic Pancreatitis Nephritis

Contributory Tabes Dorsalis, (DURATION) 8 Years DAYS

(DURATION) DAYS

(Signed) Howard E. Woodall M. D.

Nov 20 1907 (Address) 326 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Bur

DATE OF BURIAL: Nov 22 1907

UNDERTAKER: W. J. Dickuer & Sons

ADDRESS: 420 N. Camden

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 6618 — Registered No. B C 6618 — 165

CERTIFICATE OF DEATH.

(Place of Death.) No. 1609 N. Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name J. Fred. Stierhoff Jr

{Residence, if in Baltimore, Give Street and Number.} 1609 N. Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 10 1850

AGE: 57 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: J. Fred. Stierhoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Eyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dixon

(Address) 1609 N. Lombard

Filed 11/21 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Nov 18 1907

that I last saw h— alive on Nov 16 1907,

and that death occurred, on the date stated above, at 7 6 M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis chronic

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwd Krumpholz M.D.

Address 517 Lexington

Date Nov 18 1907

Place of Burial Loudon Park

Date Nov 21 1907

Undertaker N. J. Dickerson & Son

Address Baltimore & Saca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...ARTMENT, City of Baltimore.

Ward 13 — C 6619 — Registered No. B C 6619

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Swidman

{ Residence, if in Baltimore, Give Street and Number. } 2918 Portwood Ave - City

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept - 19 - 1907

AGE: ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 2918 Portwood Ave City

FULL NAME OF FATHER: Louis Swidman

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Bess Sandman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M.B. Stow

(Address) N. E. Ft.

Filed 11/21 190.7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 20th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16th 1907 to Nov - 19th 1907 that I last saw h[illegible] alive on Nov 19th 1907, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Insanitary

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 1839 N Eutaw St

Date Nov 21 1907

Place of Burial Hebrew Cem Phila Road and Rossn

Date Nov 21 1907

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 6620 Registered No. B C 6620

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 1356 St. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Annie J. Magruder.

{Residence, if in Baltimore, Give Street and Number.} 1356 N. Calhoun St.

Duration of Residence in Baltimore. 17 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1876 1

AGE 31 years, 6 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Lucius Joyce

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Caroline Joyce

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Brooks

(Address 1107 N. Stricker

Filed 11/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1907 to Nov. 19th 1907 that I last saw h[illegible] alive on Nov. 19th 1907 and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) DAYS

Contributory (Primary.) Tuberculosis (DURATION) General Morbid to state DAYS

(Signed) W. F. Carr, Jr. M.D.

Address 515 Mosher St.

Date Nov. 19th 1907

Place of Burial Druid Cemetery

Date Nov 21st 1907

Undertaker J. H. Brooks

Address 1107 N. Stricker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 6621 Registered No. B C 6621

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 61 Danesh Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M. Bowers.

{Residence, if in Baltimore, Give Street and Number.} 1605 Young's Ct

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX f. | COLOR B

DATE OF BIRTH 1

AGE 19 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Person

(Address) 813 Sterling st

Filed 11/21 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 130 P M. CAUSE OF DEATH (Secondary or Immediate.)

Burns of Body (Fire)

Stone (ail) (ex Shock on) DURATION DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carothers M.D.

Address Coroner N Md

Date Nov 20-07 1907

Place of Burial Mt Zion ✓

Date Nov 22 1907

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARY, City of Baltimore.

C 6622

Ward 12

C 6622 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 2455 Belmont Ave St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elias Melvin Seldon

{Residence, if in Baltimore, Give Street and Number.} 2455 Belmont Ave

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	Colored

DATE OF BIRTH July 18 1907

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt. Md

FULL NAME OF FATHER: Elias M. Seldon

BIRTHPLACE OF FATHER (State or country): Glouscter Va.

MAIDEN NAME OF MOTHER: Grace Sparks

BIRTHPLACE OF MOTHER (State or country): Glouscter Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Seldon

(Address) 2455 Belmont Ave

Filed 11/21 1907 HARRY C. ANDREWS; PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1907 to Nov. 20 1907 that I last saw h[illegible] alive on Nov. 20 1907, and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Schmull M.D.

Address 424 - East 23 St

Date Nov. 21, 1907

Place of Burial Laurel

Date Nov 22 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6623 Registered No. B C 6623

126

CERTIFICATE OF DEATH.

(Place of Death.) No. 1516 Sheilds Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Grayson.

{ Residence, if in Baltimore, Give Street and Number. } 1516 Sheilds Alley.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1824 1

AGE 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Aaron Smiley

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Henrietta Bailey

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Grayson

(Address) 1516 Sheilds Alley

Filed 11/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20th. 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to Nov. 20th 1907. that I last saw her alive on Nov 19th 1907, and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic nephritis

(DURATION) DAYS

Contributory (Primary.) Senile debility.

(DURATION) DAYS

(Signed) H. De Sales Kelly M.D.

Address 2143 Pennsa Ave.

Date Nov. 20th 1907 190

Place of Burial Mt Auburn

Date Nov 21 — 190 7

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 10 C 6624 Registered No. B C 6624

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Sterling St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Louisa Gaines

{Residence, if in Baltimore, Give Street and Number.} 716 Sterling St.

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Daughter (Informant) Hannah Gaines

(Address) 716 Sterling St

Filed 11/21 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 21 1907

that I last saw h... alive on ... 1907,

and that death occurred, on the date stated above, at ...M.

CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Cerebral

(DURATION) 2 DAYS

Contributory (Primary) Heart Failure

(DURATION) 2 DAYS

(Signed) Dr. J. M. Bernard M.D.

Address 708 Druid Hill Ave

Date Nov 21 1907

Place of Burial Mt. Auburn

Date Nov 24 1907

Undertaker R. J. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cause of death was ascertained, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — Baltimore — Registered No. B 6625

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 State St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles C Matthews

{Residence, if in Baltimore, Give Street and Number.} 402 State St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Elizabeth Matthews

(Address) 402½ State St

Filed 11/21 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20 1907 to Nov 19 1907 that I last saw him alive on Nov 18 1907, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

asthma : Dropsy
contd

(DURATION) 30 DAYS

Con'tributory (Primary.) Heart

(DURATION) 30 DAYS

(Signed) G. H. W. Kennard M.D.

Address 708 Conaor - St

Date Nov 12 th 1907

Place of Burial Mt - Auburn

Date Nov 22 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C [redacted] — Registered No. B C [redacted] / 6626

CERTIFICATE OF DEATH.

(Place of Death.) No. Jad. General Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Susan Phillips

{Residence, if in Baltimore, Give Street and Number.} 532 Oxford St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Louis Robinson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Caroline Washington

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Baker

(Address) 532 Oxford St

Filed 11/21 1907

HENRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 20 1907

that I last saw h alive on Nov 20 1907.

and that death occurred, on the date stated above, at 12

II. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Con ributory (Primary) Carcinoma

One Year. (DURATION) DAYS

(Signed) H. W. Burns M.D

Address Jad. General Hosp.

Date Nov. 22, 1907

Place of Burial Mt Auburn Cemetery

Date Nov. 22 1907

Undertaker Felix B. Pyle

Address 102 E Mulberry St

Multiple primary; general carcinosis

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 6627 Registered No. B C 6627

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2120 Mura St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard Geis

{Residence, if in Baltimore, Give Street and Number.} 2120 Mura St.

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE If less than 1 year this ▸. 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Geis

(Address) 2120 Mura St.

Filed 11/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1905 to Nov 19 1907 that I last saw h[illegible] alive on Nov 17th 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary.) Old age, Chronic Nephritis (DURATION) 2 years

(Signed) Chas. B. [illegible] M.D.

Address 530 N Broadway

Date Nov 19th 1907

Place of Burial Holy Redeemer Cemetery

Date November 22nd 1907

Undertaker Henry Horde Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6628 Registered No. B C 6628

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 N Vincent St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Catherine Brown

{ Residence, if in Baltimore, Give Street and Number. } 212 N Vincent

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 3 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Nov 19 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

12 (DURATION) DAYS

Contributory (Primary.) Wasting Cause

(DURATION) DAYS

(Signed) Thos. C. Jones M.D.

Address Johns Hopkins

Date Nov 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date NOV 21 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2-3

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 6629 Registered No. B C 6629

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martin Leonard

{ Residence, if in Baltimore, Give Street and Number. } 418 Chatsfield et

Duration of Residence in Baltimore. 30

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Leonard

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Fahey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E Fahey

(Address) 606 Lafayette Ave

Filed 11/21 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 19 1907

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) — DAYS

Con'ributory (Primary.) Nephritis

(DURATION) — DAYS

(Signed) Benj. B. Hayhurst M.D. Coroner

Address 1216 N Caroline St.

Date Nov. 20 1907

Place of Burial New Cathedral Cem

Date Nov 22 nd 1907

Undertaker M. Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 6630 — Registered No. B C 6630

CERTIFICATE OF DEATH.

(Place of Death.) No. 35 S. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J. Seiss

{Residence, if in Baltimore, Give Street and Number.} 35 S. Schroeder St.

Duration of Residence in Baltimore. 5 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Feb 6 1835

AGE 72 years, 9 months, 13 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Langebach Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Holstein

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaretha Seiss

(Address) 35 S Schroeder

Filed 11/21 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Nov 19 1907 that I last saw h~~im~~ alive on Nov 19 1907, and that death occurred, on the date stated above, at 11 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Valvular disease of heart (DURATION) 1 ~~Days~~

(Signed) Wm Marshall M.D.

Address 852 W. Mulberry

Date Nov 19 1907

Place of Burial Baltimore Cem

Date Nov 22 1907

Undertaker Jno B Cook

Address 1003 W Baltst

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 6631 Registered No. B C 6631

CERTIFICATE OF DEATH.

(Place of Death.) No. 2332 E. Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Susannah Ware

{ Residence, if in Baltimore, Give Street and Number. } 2332 E Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Sept. 5 1834

AGE 73 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Carroll

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Procter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Kakel

(Address) 2124 E. Baltimore St

Filed 11/21 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Nov 19 1907 that I last saw h er alive on Nov 18 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. T. Shickmall M.D.

Address 1411 Patterson Park Ave

Date Nov 20 1907

Place of Burial Baltimore Cem.

Date Nov. 22 1907

Undertaker Wm. C. Blacke

Address 223 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 6632 — Registered No. B C 6632

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 421 Mott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cecelia Kilduff

{ Residence, if in Baltimore, Give Street and Number. } 421 Mott St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 1, 1835

AGE: 72 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: Georg Kilduff

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Catherine —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Kilduff

(Address) 421 Mott St.

Filed 11/21 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Nov 20th 1907 that I last saw her alive on Nov 20 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Bronchial Pneumonia

(DURATION) 60 DAYS

(Signed) Lud Reynolds M.D.

Address 809 N Charles St

Date Nov 21st 1907

Place of Burial Baltimore Cemetery

Date November 25, 1907

Undertaker Henry W Means 2nd Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Edward Mundy City

Ward 7

Registered No. B C 6633

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 West Barre St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice A Hayson

{Residence, if in Baltimore, Give Street and Number.} 113 West Barre St

Duration of Residence in Baltimore. 1 hour

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 10 1906

AGE: 1 years, 10 months, 11 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Allen Md

FULL NAME OF FATHER: Robt Hayson

BIRTHPLACE OF FATHER (State or country): Allen Md

MAIDEN NAME OF MOTHER: Alice A Wilkins

BIRTHPLACE OF MOTHER (State or country): Allen Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Hayson

(Address) Annapolis Md

Filed Nov 22nd 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Nov 21 1907

that I last saw her alive on 21 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

1 hour (DURATION) — DAYS

Contributory (Primary.) Gastric Abscess

about 4 (DURATION) 4 DAYS

(Signed) Madame Cawood M.D.

Address West River

Date November 21 1907

Place of Burial Annapolis Md

Date NOV 22 1907 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 6634

Registered No. B C 6634

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1807 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine M. Grubb

{ Residence, if in Baltimore, Give Street and Number. } 1807 N. Caroline St

Duration of Residence in Baltimore. 7 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov 9. 1

AGE 50 years, months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Adam Grubb

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Jane Hillman

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella A. Grubb

(Address) 1807 N. Caroline St

Filed 11/22 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 20, 1907

I HEREBY CERTIFY, That I attended deceased from June 24, 1907 to Nov 20 1907

that I last saw her alive on Nov 19, 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Breast

(Was operated on June 24, 1907)

Several months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Elwell M.D.

Address 1741 Hanford Ave

Date Nov 21, 1907

Place of Burial Richmond Dell

Date NOV 22 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6635

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6635

City of Baltimore, (No. 1011 Harmony Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geniva Hunsley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: March (Month) 6 (Day) 1907 (Year)

AGE: ..... years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Winfield Hunsley

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Jane Johnson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hunsley

(Address) 1011 Harmony Lane

Filed 11/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24 1907 to Nov 14 1907

that I last saw her alive on Nov 14 1907,

and that death occurred, on the date stated above, at 9.40 P. M. The CAUSE OF DEATH was as follows:

Syncope (DURATION) 1 DAYS

Contributory Syphilis (DURATION) ..... DAYS

Lues

(Signed) J. H. Parker M. D.

11/18 1907 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Nov 22 1907

UNDERTAKER: R. H. Elliott — ADDRESS: 506 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KODAK SAFETY

Ward 10 C 6636 Registered No. B C 6636

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 E Madison St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Ann Plunkett

{Residence, if in Baltimore, Give Street and Number.} 1018 E. Madison St Lifetime

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Unknown

AGE 61 years, ~ months, ~ days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Wm Woods.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary Fitzsimmons

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Mrs Alice Caldwell

(Address) 1018 E. Madison St

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1907

I HEREBY CERTIFY, That I attended deceased from about Sept 1907 to 20 Nov 1907

that I last saw h[illegible] alive on about 17th Nov 1907

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION)

Contributory (Primary.) Cirrhosis of Liver

(DURATION) about 6 D

(Signed) Wm. B. Reynolds M.D.

Address 509 W Lanvale

Date Nov 20th 1907

Place of Burial Holy Cross Cemetery

Date Nov 23/07

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 6637 Registered No. B C 6637

113

CERTIFICATE OF DEATH.

(Place of Death.) No. 1913 N. Fulton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretha Hoffick.

{ Residence, if in Baltimore, Give Street and Number. } 1913 N. Fulton av

Duration of Residence in Baltimore. 53 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 12th 1833

AGE 74 years, ~~Sept~~ 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Casper Goeble

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D N Fox.

(Address) 1913 N Fulton av

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to Nov 20th 1907 that I last saw h-- alive on Nov 20 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gall stones & Enlarged Liver

Ruptura operation

(DURATION) 209 DAYS

Contributory (Primary) Jaundice

(DURATION) 209 DAYS

(Signed) Edward Andrews M.D.

Address 208 August

Date Nov 22 1907 ✓

Place of Burial Western Cemetery

Date Nov. 23rd 1907

Undertaker Philip Scarnulis & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6638 Registered No. B .....

C.6638

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary A Smith

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt

(Address) BAY VIEW ASYLUM

Filed 11/22 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1907 to Nov 20 1907 that I last saw h-er alive on Nov 20 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1 DAY

Contributory (Primary.) Pulmonic

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Nov 21 1907

Place of Burial JOHNS HOPKINS HOSPITAL NOV 21 1907

Date 190

Undertaker Wm. J. Wooden

Address 1810 Aiken St

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES.

25 40

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 6639

City of Baltimore, (No. 1103 N. Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Franklin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: June (Month) 8 (Day) 1907 (Year)

AGE: ..... years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William Franklin, Sr

BIRTHPLACE OF FATHER (State or country): Harford Co - Md.

MAIDEN NAME OF MOTHER: Julia Kroll

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson.

(Address) 1103 N Eden St

Filed 11/22 1907 HARRY C. ANDREWS, JOHNS HOPKINS HOSPITAL PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Nov 20 1907 that I last saw h im alive on Nov 20 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Catarrh of the bowels + intestinal trouble

(DURATION) 12 DAYS

Contributory Congenital debility

(DURATION) ..... DAYS

(Signed) J. V. Downes M. D.

Nov 20 1907 (Address) 167 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: ..... DATE OF BURIAL: NOV 21 1907

UNDERTAKER: Commissioner Health. ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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FOR ANATOMICAL PURPOSES

Ward 14 C 6640 Registered No. B C 6640

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 519 Gold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola Mackey

{Residence, if in Baltimore, Give Street and Number.} 519 Gold St

Duration of Residence in Baltimore.. 3 Yrs, 3 Mos. 3 da.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: 17 Aug — 1904

AGE: 3 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Aarbury B. Mackey

BIRTHPLACE OF FATHER (State or country): Queen Anne Co Md

MAIDEN NAME OF MOTHER: Sarah Elizabeth Newman

BIRTHPLACE OF MOTHER (State or country): Queen Anne Co Md.

OCCUPATION OF DECEASED: (Infant)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Mackey

(Address) 519 Gold

Filed 11/22 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Nov 19 1907 that I last saw h[illegible] alive on Nov 19 1907, and that death occurred, on the date stated above, at 1.19 a. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Peritonitis

(DURATION) DAYS

Contributory (Primary.) Pulmon Tubercular

(DURATION) DAYS

(Signed) Edward Short M.D.

Address 535 Robert St

Date Nov. 20 1907

Place of Burial Mt Auburn

Date Nov 22 1907

Undertaker Alex H. Empey

Address 578 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 6641 Registered No. B C 6641

CERTIFICATE OF DEATH.

(Place of Death.) No. 2612 Mc Elderry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name William H. Kirwan

{Residence, if in Baltimore, Give Street and Number.} 2612 Mc Elderry St

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 2nd 1877

AGE: 30 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm H. H. Kirwan

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Virginia B Shelton

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Asst Engineman F. D.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George L. Kirwan

(Address)

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 24 1907 to Nov 21 1907 that I last saw him alive on Nov 21 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.) Exhaustion & Coma (DURATION) DAYS

(Signed) Alex. J. Gage. M.D.

Address 727 N. Broadway

Date November 22 1907

Place of Burial Mt. Carmel Cem

Date November 24 1907

Undertaker H. Alden Fuller

Address 2012 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 6642

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6642

City of Baltimore, (No. 616 W Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eugene E Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July (Month) 27 (Day) 1881 (Year)

AGE 26 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Lancaster Co Pa

FULL NAME OF FATHER E Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Susan J Adams

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Hardware Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo J Johnson

(Address) 616 W Franklin St

Filed 11/22 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to Nov 21 1907

that I last saw h alive on Nov 21 1907,

and that death occurred, on the date stated above, at 5.40 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

2 years (DURATION) ..... DAYS

Contributory Toxaemia

two days (DURATION) ..... DAYS

(Signed) R B Kennon M. D.

Nov 21 1907 (Address) 422 N Green

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Va Lancaster Co White Horse

DATE OF BURIAL Nov 22 1907

UNDERTAKER Jos B Cook

ADDRESS 1063 N Bond

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 6643 — Registered No. B C 6643

CERTIFICATE OF DEATH.

81 L

(Place of Death.) No. 1111 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Randolph Reifsnider

{ Residence, if in Baltimore, Give Street and Number. } 1111 N. Carey

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Apr 29 1837

AGE 70 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm

BIRTHPLACE OF FATHER (State or country) Donegal Ireland

MAIDEN NAME OF MOTHER Mary Weller

BIRTHPLACE OF MOTHER (State or country) Donegal Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Virginia Reifsnider

(Address) 1111 N. Carey

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Nov 21 1907

that I last saw h[illegible] alive on Nov 21 1907

and that death occurred, on the date stated above, at 3-

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage

(DURATION) 4 DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) ? DAYS

(Signed) Ira A Fetterhoff M.D.

Address N. E. Cor. Lafayette & Carrollton Aves

Date NOV 22 1907 190

Place of Burial Mt Olivet

Date Nov 24- 1907

Undertaker Geo. Weber

Address 1155 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C 6644 Registered No. B C 6644

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1412 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margt Bienenstein

{Residence, if in Baltimore, Give Street and Number.} 1412 N Caroline

Duration of Residence in Baltimore. 64 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH 1	
AGE 87 years, months, days	
SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~	
BIRTHPLACE (State or country) Germany	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E B Thomsen

(Address) 1412 N Caroline

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH Nov. 20. 1907
I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....
that I last saw h.... alive on ....1907....
and that death occurred, on the date stated above, at 1255 P. M. CAUSE OF DEATH (Secondary or Immediate)
Cerebral Hemorrhage
(DURATION) DAYS
Contributory (Primary.)
(DURATION) DAYS
(Signed) Hartman Jones M.D.
Address
Date Nov 21 07 1907
Place of Burial Emmanuels Cemetery
Date Nov 22 1907
Undertaker Louis Heimann
Address 92 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 6645 — Registered No. B C 6645 42

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name M. Grace Preston

{Residence, if in Baltimore, Give Street and Number.} 1009 E Oliver St

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 14 1890

AGE: 17 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert a Preston

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah F. Poles

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Robert a Preston

(Address) 1009 E Oliver st

Filed 11/22 1907

HARRY C. ANDREWS. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 21 1907

that I last saw h[illegible] alive on Nov 21 1907

and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

carcinoma osthenia

(DURATION) DAYS

Contributory (Primary.) Unfavorable

Sarcoma of ovary (DURATION) DAYS

(Signed) John F. Sumner M.D.

Address St Josephs Hosp.

Date Nov 21 1907

Place of Burial Loudon Park Cemetry

Date November 24th 1907.

Undertaker Wilbur W. Shriver.

Address #316 Fremont Ave North.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 6646 — Registered No. B C 6646 — 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1605 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia A. Dunkee

{Residence, if in Baltimore, Give Street and Number.} 1605 E. Monument St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Nov 10 1833

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Mansfield

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah F. Gable

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno B. Dunkee

(Address) 1605 E. Monument st

Filed 11/22 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to Nov. 21, 1907 that I last saw h[illegible] alive on Nov 20, 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage
paralysis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. B. Britton M.D.

Address 1711 E Baltimore

Date Nov. 22 1907

Place of Burial London Park Cem

Date Nov 24 1907

Undertaker Jos. Joerdans, Sons

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 47 C 6647 Registered No. B C 6647

CERTIFICATE OF DEATH. 74

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Fieseler

{Residence, if in Baltimore, Give Street and Number.} Annapolis Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 31 1885

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Geo H. Fieseler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Martha A Huber

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Black Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: James Taylor.

(Address) Annapolis Md

Filed 11/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Nov 22 1907 that I last saw him alive on Nov 21 1907, and that death occurred, on the date stated above, at 12.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

about 6 hours (DURATION) DAYS

Contributory (Primary.) Abcess of brain. 2 months (DURATION) DAYS

(Signed) P. W. Crawford M.D.

Address University Hospital

Date Nov 22nd 1907

Place of Burial Annapolis Md

Date Nov. 22nd 1907

Undertaker Geo M. Fuller

Address 811 Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 6648 Registered No. B C 6648

9/12

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Heldmann

{Residence, if in Baltimore, Give Street and Number.} 1236 Penna Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 84 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Hous Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Hellmann

(Address) 1230 Penn ave

Filed 11/22 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to Nov 20 1907 that I last saw her alive on Nov 18 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) 5 Months

(Signed) John E Huelly M.D.

Address 6 & Cay & Lafayette Ave

Date Nov 21 1907

Place of Burial Baltimore

Date Nov 22 1907

Undertaker John F Humphreys

Address 1422 Penn Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 6649 Registered No. B C 6649 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 Forest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Thresa O'Brien

{Residence, if in Baltimore, Give Street and Number.} 1120 Forest Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Oct 26 1879

AGE 28 years, — months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Martin J. O'Brien

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cath Montgomry

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1120 Forest Place

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

Dr C Donovan

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21 1907

I HEREBY CERTIFY, That I attended deceased from October 8 1907 to Nov 20 1907 that I last saw h— alive on Nov 20 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion Diabetic Coma

(DURATION) 1 DAYS

Contributory (Primary) Diabetes

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Nov 21 1907

Place of Burial Cathedral

Date Nov. 23, 1907

Undertaker H. C. Hildefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6650

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 6650

City of Baltimore, (No. 917, N. Carrollton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Olivia Carper Abbott.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR white

DATE OF BIRTH Feb 26 1867 (Month) (Day) (Year)

AGE 40 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Fleming B. Carper

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Martha Sawer

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abbott

(Address) 917 N. Carrollton Ave

Filed 11/22 1907

HARRY O. ANDREWS
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 12 1904 to Nov 21 1907 that I last saw her alive on Nov 21 1907, and that death occurred, on the date stated above, at 3:30 P.M. The CAUSE OF DEATH was as follows;

Chronic interstitial nephritis

about 4 mos (DURATION) DAYS

Contributory Coma (DURATION) 15 hours. DAYS

(Signed) H. C. Kunkel M. D.

Nov 22 1907 (Address) 1002 E. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cut Rd

DATE OF BURIAL Nov 22 1907

UNDERTAKER W. T. Johnson

ADDRESS Camden & Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V — C 6651 — Registered No. B C 6651

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1800 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stella Wlodarek

{Residence, if in Baltimore, Give Street and Number.} 1800 Aliceanna St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 16 1907

AGE: — years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Ignaci Wlodarek

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Sophie Sidzicka

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignaci Wlodarek

(Address) 1800 Aliceanna St

Filed 11/22 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Nov 21 1907

that I last saw her alive on Nov 21 1907

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

ante Labyrinth

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Wenteman M.D.

Address 1617 Bond

Date Nov 22 1907

Place of Burial St. Stanislaus

Date Nov 22 1907

Undertaker Jos Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 6652 Registered No. B C 6652

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 W. Hill St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James E Thomas

{Residence, if in Baltimore, Give Street and Number.} 131 W. Hill St.

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Gaut

(Address) 131 W. Hill St

Filed 11/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1907

I HEREBY CERTIFY, That I attended deceased from Oct 28 1907 to Nov 21 1907 that I last saw h[illegible] alive on Nov 20 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ? DAYS

Contributory (Primary.) Nephritis

(DURATION) ? DAYS

(Signed) H S McLeod M.D.

Address 1 Hewitt Hall

Date Nov 22 1907

Place of Burial National Cem

Date Nov 23 1907

Undertaker Jno N. Toadvine

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 6653 Registered No. B C 6653

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 3/4 North High St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles Joseph Bell

{Residence, if in Baltimore, Give Street and Number.} life 418 3/4 north High St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH August-29th 1907

AGE ..... years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER Earl Chester Bell

BIRTHPLACE OF FATHER (State or country) Carrol Co. md

MAIDEN NAME OF MOTHER Bessie Mraing

BIRTHPLACE OF MOTHER (State or country) Baltimore md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Earl C. Bell

(Address) 418, 414 N. High st.

Filed 11/22 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21st 1907

I HEREBY CERTIFY, That I attended deceased from October 23rd 1907 to Nov. 21st 1907 that I last saw h in alive on November 20 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 14 DAYS

Contributory (Primary.) Ileo colitis

(DURATION) 35 DAYS

(Signed) G. F. Benston M.D.

Address 222. East Cross St

Date November 21st 1907

Place of Burial Holy Redeemer Cemetery

Date November 22nd 1907

Undertaker Luton T. Funsellaugh

Address 510 N Gay st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6654

Ward 12th — C 6654 — Registered No. B —

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 340 E 25th St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josephine Bray Heyer

{ Residence, if in Baltimore, Give Street and Number. } 340 E 25th St.

Duration of Residence in Baltimore. one year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH April 6th 1878

AGE 29 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Columbus, O.

FULL NAME OF FATHER Wm Bray

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Elizabeth Dunn

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R L Dibright

(Address) 2503 Maryland Ave.

Filed 11/22 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov 18th 1907 to Nov 22 1907 that I last saw her alive on Nov 21 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 4 DAYS

Contributory (Primary.) pernicious attack lasting (DURATION) one DAYS

(Signed) Geo H. Baines M.D.

Address 21 W 21st St

Date Nov 22 1907

Place of Burial Columbus Ohio

Date Nov 23rd 1907

Undertaker H W Jenkins & Sons Co

Address 300 W Madison St Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 6655 Registered No. B C 6655

151

CERTIFICATE OF DEATH.

(Place of Death.) No. #1537 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ermer M. Moran

{Residence, if in Baltimore, Give Street and Number.} #1537 N. Patterson Pk. Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Sept 17d 1907	
AGE: ..... years, 2 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Richard T. Moran	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Catherine B. Wilhom	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine B. Moran

(Address) 1537 N. Patterson Pk Ave

Filed 11/22 1907 HARRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21. 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 17. 1907 to Nov. 21. 1907 that I last saw h[illegible] alive on " 20 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 64 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Nov. 22. 1907

Place of Burial Balto. Cemetery

Date 11/22/07 190

Undertaker J. Herwig Son

Address 200 & Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 6656 Registered No. B C 6656

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 N Eden st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Banks

{Residence, if in Baltimore, Give Street and Number.} 1514 N Eden st

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 31st 1829

AGE: 78 years, — months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: George Hollis

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Simnett

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Banks

(Address) 1514 N Eden st

Filed 11/22 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Nov 21 1907 that I last saw her alive on Nov 21 1907, and that death occurred, on the date stated above, at 8.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Heart failure

(DURATION) 5 DAYS

Contributory (Primary.) Cancer of liver & stomach (DURATION) 3 yrs

(Signed) R G Davis M.D.

Address 1507 N Caroline st

Date Nov 22 1907

Place of Burial London Park Cem

Date Nov 24th 1907

Undertaker George Schulting & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 6657 — Registered No. B C 6657

9 2

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T Hatcher

{Residence, if in Baltimore, Give Street and Number.} 307 E North ave

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — — — 1 —

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER James Hatcher

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary C. Blankenship

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L. M Day

(Address) 307 E North ave

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Nov 22 1907

that I last saw h[illegible] alive on Nov 22 1907,

and that death occurred, on the date stated above, at 2.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) ..... DAYS

Contributory (Primary) Cicatricial stenosis of bronchi (DURATION) ..... YS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date November 22 1907

Place of Burial Richmond Va

Date NOV 23 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 6658 Registered No. B C 6658

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1648 Abbot St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Bolek

{Residence, if in Baltimore, Give Street and Number.} 1648 Abbot st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ~~years,~~ 19 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Bolek

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Frances Whelik

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bolek

(Address) 1648 Abbot

Filed 11/22 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21 1907

I HEREBY CERTIFY, That I attended deceased from November 19th 07 1907 to November 21st 07 1907

that I last saw h[illegible] alive on November 21st 07 1907, 1.30

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

Laryngeal Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A. Meyer M.D.

Address 2031 N. Caroline st.

Date Balto. Md. Nov. 21st 1907

Place of Burial St Alphonsus

Date Nov. 22 1907

Undertaker Jerome & M. Grach

Address 1904 Eastland Ave

3 1/2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 6659

Ward 10

C 6659 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph F. Cavanaugh

{ Residence, if in Baltimore, Give Street and Number. } 936 Aisquith St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 23rd. 1884

AGE: 23 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Cavanaugh

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Georgiana O'Brien

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. James Cavanaugh

(Address) 936 Aisquith St.

Filed 11/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21st, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 17 1907 to Nov. 21, 1907 that I last saw him alive on Nov. 21, 1907, and that death occurred, on the date stated above, at 2.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gradual failure of heart, circulation

(DURATION) 1 DAY

Contributory (Primary.) Typhoid Pneumonia (DURATION) 10 DAYS

(Signed) Frank E. Brown M.D.

Address 926 E. Eager St.

Date Nov. 22d, 1907

Place of Burial New Cathedral Cemetery

Date Nov. 25th 1907

Undertaker Henry Stockslow

Address 1201 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6600

City of Baltimore, (No. 311 S. Exeter St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Mary Masino

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November (Month) 20th (Day) 1907 (Year)

AGE: 6 hours (about) — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md. U.S.A.

FULL NAME OF FATHER: Ettore Crocetti

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Masino

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Palmisano M.D.

(Address) 224 S. Exeter St.

Filed 11/22 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 20th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1907 to Nov. 20th 1907 that I last saw him alive on Nov. 20th 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

death due to premature birth the mother being in poor health

(DURATION) 6 hours DAYS

Contributory Mother's poor health

(DURATION) DAYS

(Signed) A. Palmisano M. D. M. D.

Nov. 21st 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL. DATE OF BURIAL: NOV 22 1907

UNDERTAKER: Commissioner Health. ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 6661 — Registered No. B C 6661

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Straub

{ Residence, if in Baltimore, Give Street and Number. } 1607 Clinton

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: March 1 1896

AGE: 11 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Chas. Straub

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Gray

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: School-boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Straub

(Address) 1607 Clinton

Filed 11/22 1907 HARRY O. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 21 1907

that I last saw him alive on Nov 19 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gun shot wound in neck. - Wounds -

(DURATION) 1 hr DAYS

Contributory (Primary.) Paralysis

(DURATION) — DAYS

(Signed) Benj. S. Stanford M.D.

Address 1216 N Caroline st

Date Nov. 21 1907

Place of Burial Cedar Hill Cem

Date Nov 23rd 1907

Undertaker B. Schleman & Son

Address 1534 Hanover st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6662 Registered No. B C 6662

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonia Doe

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 24th 1907

AGE ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincent Asylum

(Address)

Filed 11/22 1907 HARRY C. ANDREWS (SEAL) CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12th 1907 to Nov 20th 1907

that I last saw h alive on " 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 23 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. S. Finlen M.D.

Address 9. E. Biddle St

Date Nov 22nd 1907

Place of Burial Nov 6 Cedral

Date November 23 1907

Undertaker Martin Fahey & Son

Address 106 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6663 Registered No. B C 6663

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Dunphy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Oct 26 1907

AGE: ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vin Dept Asy

(Address)

Filed 11/22 1907 HARRY O. ANDREWS CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 21st 1907

that I last saw h alive on " 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 24 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fisher M.D

Address 9.6. Biddle St.

Date Nov. 22nd 1907

Place of Burial New Cathedral

Date November 23 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6664 Registered No. B C 6664 36

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Doyle

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Oct 16th 1907

AGE: ..... years, ... months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincents Infant Asy

(Address)

Filed ..... 190 7 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12th 1907 to Nov 21st 1907

that I last saw h[e] alive on " 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Syphilis

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. E. Fowler M.D.

Address 1-6. Eddy St.

Date Nov 22 1907

Place of Burial New Cathedral

Date November 23 1907

Undertaker Martin Gatley & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 6665 Registered No. B C 6665

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Mt. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Teresa Shea

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Oct 14 1907

AGE: ..... years, ... months, 35 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Loyola

(Address)

..... 190 7 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Nov 22 1907

that I last saw h... alive on ... 1907,

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.W. Finlay M.D.

Address 9.6. Biddle St

Date Nov 22nd 1907

Place of Burial Mt Cathedral

Date November 23 1907

Undertaker [illegible] Gaehy & Son

Address 6 [illegible] Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 14 C 6666 Registe

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine West

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH Sept 20 th 1907	
AGE ..... years, ... months, 60 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 190 7

I HEREBY CERTIFY, That I attended deceased from Nov 1st 190 7 to Nov 21st 190 7

that I last saw h alive on 190 7,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

(DURATION) 60 DAYS

DAYS

M.D.

SECTION 2. *And be it further enac* the duty of the Physician who attended notice, to furnish within **eighteen hours** setting forth, as far as the same can be asc deceased, and the **cause and date of deat**

HEALTH DEPARTMEN

Ward 14 C 6667 Registered

CERTIFICATE OF DEATH.

(Place of Death.) No. 540 Mc Mechen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Prigg

{Residence, if in Baltimore, Give Street and Number.} 540 Mc Mechen

Duration of Residence in Baltimore. 20

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colard

DATE OF BIRTH 1

AGE 5-9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Harford Co

FULL NAME OF FATHER Mark Prigg

BIRTHPLACE OF FATHER (State or country) Harford Co.

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Prigg

(Address) 540 Mc Mechen St

Filed 11/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 21 1907 that I last saw h— alive on Nov 21 1907 and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Stomach

(DURATION) 21 DAYS

(Signed) C. H. Grove M.D.

Address 715 S. Bond St

Date Nov 23 1907

Place of Burial Laurel Cemetery

Date Nov 23 1907

Undertaker John H Owens & Son

Address 1222 Dimon St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as is the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 2

C 6668 Registered No. B C 6668

CERTIFICATE OF DEATH.

(Place of Death.) No. 305 E. West St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward W. Journey

{Residence, if in Baltimore, Give Street and Number.} 305 E West St

Duration of Residence in Baltimore. 07 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH:

AGE: 23 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md (Delaware)

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest L. Robinson

(Address) 305 E West St.

Filed 11/23 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 22d 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 17 1907 to Nov. 22 1907

that I last saw h in alive on Nov. 17 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 24 Hours DAYS

Contributory (Primary) Tuberculosis of Lungs (DURATION) 1 Years DAYS

(Signed) P. E. Lowe M.D.

Address 1412 Linden Ave

Date Nov. 22 1907

Place of Burial Greyson Mt. Hy. St. Mary's Co.

Date Nov 23 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C-66
an
66

Miss

Ward 20 C 6669 Registered No. B C 6669

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 Hafer St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Wilhelm Yingling

{ Residence, if in Baltimore, Give Street and Number. } 28 Hafer St

Duration of Residence in Baltimore. 23 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 11 1854

AGE: 53 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm Yingling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Charlotte Hiltz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Brewer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Yingling

(Address) 28 Hafer St

Filed 11/23 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1907

I HEREBY CERTIFY, That I attended deceased from January 4 1907 to November 22 1907 that I last saw h alive on Nov 21 1907, and that death occurred, on the date stated above, at 3.15 a M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) 11 months DAYS

Contributory (Primary.) asthenia

(DURATION) 21 DAYS

(Signed) Asa L Abrasels M.D.

Address 510 Frederick Ave

Date November 22 1907

Place of Burial London Park

Date Nov 24 1907

Undertaker Mrs. Geo P Paulus

Address 2101 Frederick Ave.

WM. J. C. DULA[illegible] CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) deceased, and the **cause and date of death.**

Ward ..... C 6670 Registered No. B .....

CERTIFICATE OF DEATH. C 6670

(Place of Death.) No. The Church Home & Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen E. Ellis

{ Residence, if in Baltimore, Give Street and Number. } 32 N. Carrollton Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1832

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard R Smith

(Address) 1713 Bolton St

Filed 11/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Nov 22 1907

that I last saw h-r alive on Nov 21 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arthritis Deformans

Mitral Chronic Endocarditis

(DURATION) DAYS

Contributory (Primary) Senile Debility

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Church Home Infirmary

Date Nov 22 1907

Place of Burial Greenmount Cem

Date Nov 23 1907

Undertaker Leonard & Co

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C 6671 Registered No. B C 6671

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 119 N. Carrollton Ave. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name John J. McShane

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	1
AGE	30 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Edward McShane
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine McKenna
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Bar tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Costello

(Address) 119 N. Carrollton ave

Filed 11/23 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Nov. 22 1907 that I last saw him alive on Nov 21 1907 and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate

Uremia.

(DURATION) 3 DAYS

Contributory (Primary.) Injured Shoulder (DURATION) DAYS

(Signed) A. O'Driscoll M.D.

Address 265 S. Poppleton St

Date Nov 22 1907

Place of Burial New Cathedral

Date 25th Nov 1907

Undertaker Henry C. Brannigan

Address 5. S. Poppleton St.

WM. J. C. DULANY CO., BALTIMORE.

N.C. a.D.J.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 Registered No. D 6672

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret J. Granger.

{Residence, if in Baltimore, Give Street and Number.} 807 N. Patterson Park Ave

Duration of Residence in Baltimore. 58 yeare

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 1st 1821

AGE 86 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Moss

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Johanna M. Rooney

(Address) 807 N. Patterson Park Ave

Filed 11/23 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 21 1907

that I last saw h w alive on Nov 21 1907

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Acute Bronchitis (DURATION) 9 DAYS

(Signed) Alvin B. Lemmon M.D.

Address 742 N Patterson Park Ave

Date Nov 22 1907

Place of Burial Baltimore Cemetery

Date Nov. 24th 1907

Undertaker Jno & Jas John H. Teufel

Address 801 E. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W

Registered No. B 6673

6673

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria L. Clark

{Residence, if in Baltimore, Give Street and Number.} 523 W. Saratoga St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1852

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Clark

(Address) 523 W. Saratoga St.

Filed 11/23 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29th 1907 to Nov 21st 1907

that I last saw her alive on Nov 21 1907,

and that death occurred, on the date stated above, at 7:45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dropsy (DURATION) 60 DAYS

Contributory (Primary.) Endocarditis & Valvular Disease (DURATION) One Year

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave

Date Balto Nov 22 1907

Place of Burial Mt Auburn Cemetery

Date Nov. 24 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6674 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 Brune St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Carl Reitz

{Residence, if in Baltimore, Give Street and Number.} 503 Brune St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 1st 1876

AGE: 31 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Jacob Reitz.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Mehrlein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpet Layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Reitz.

(Address) 503 Brune St.

Filed 11/23 1907 HENRY C. ANDRAE, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1907 to Nov. 22 1907 that I last saw h.. alive on Nov. 22 1907 and that death occurred, on the date stated above, at 11 50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma, - Meningitis

(DURATION) DAYS

Con'tributory (Primary.) Cerebral Pneumonia

(DURATION) DAYS

(Signed) Jno. G. Stifel M.D. M.D.

Address 708 George St.

Date Nov. 22 1907

Place of Burial Western

Date Nov. 25 1907 190

Undertaker Geo. W. Little.

Address 531 N-FREMONT -AVE-

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 6675 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. on board S/S "Starthclyde" ft Baroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wong Took

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Yellow

DATE OF BIRTH: Don't know

AGE: 99 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Don't know

BIRTHPLACE (State or country): China

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. E. Hughes.

(Address) 17 S. Broadway

Filed 11/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 22 1907

that I last saw h.. alive on 11 1907,

and that death occurred, on the date stated above, at 3e a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Lloyd M.D.

Address 17 S. Gay St.

Date Nov 23 1907

Place of Burial Methodist Cemetery

Date November 23 1907

Undertaker H E HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B C 6676

C 6676

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno Wiedman

{Residence, if in Baltimore, Give Street and Number.} 1623 E. Eager St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 3 1873

AGE: 33 years, 8 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Gustav Wiedemen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Phillipina Beck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Jordans

(Address) 217 S. Bond

Filed 11/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22. 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 22 1907

that I last saw h~~im~~ alive on Nov 22 1907

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

4 hours (DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) 5 DAYS

(Signed) R W. Crawford. M.D.

Address University Hospital

Date Nov 23 " 1907

Place of Burial Western Cemetery

Date November 25 1907

Undertaker Jos Jordans & Son

Address 217 S. Bond st

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C 6677 Registered No. B C 6674

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 W. Montgomery St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William L. Chambers

{ Residence, if in Baltimore, Give Street and Number. } 626 W. Montgomery Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Dec. 6 1906

AGE: ..... years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: David Chambers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Florence Garner

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Chambers

(Address) 626 W. Montgomery St

Filed 11/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 21 1907

that I last saw h alive on Nov 21 1907,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Stomach

(DURATION) 21 DAYS

(Signed) C H Fenton M.D.

Address 1425 Park Ave

Date Nov 23 1907

Place of Burial Mt. Auburn Cem.

Date Nov. 23, 1907

Undertaker John St. Toadvine

Address 1424 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 6678 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jacob Herman.

{Residence, if in Baltimore, Give Street and Number.} 2421 Madison ave city.

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 61 years, — months, — days

SINGLE, ~~MARRIED~~, WI~~DOWED~~, OR DI~~VORCED~~ Single.

BIRTHPLACE (State or country) U S.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cigar Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Engel

(Address) 2426 Madison Ave

Filed 11/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1907.

I HEREBY CERTIFY, That I attended deceased from 16th Nov 1907 to 21st Nov 1907 that I last saw him alive on 21st Nov 1907, and that death occurred, on the date stated above, at 11:20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 7 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) W. G. Macallum M.D.

Address John Hopkins Hospital

Date 190

Place of Burial Baltimore Cemetery

Date Nov 24 1907

Undertaker Ward & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 6679 Registered No. B [illegible] 106

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Sheran

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1840

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: James Corkran

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Katherine Flannigan

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed Nov 13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov: 21st 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Nov 20 1907

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. A. Warner, M.D.

Address 1133 Valley st

Date Nov 22 1907

Place of Burial St Vincents

Date Nov 23 1907

Undertaker H. C. Wiedefeld

Address 914 Gremmt ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 6660 Registered No. B

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2237 E Fayett St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christina Heavner

{ Residence, if in Baltimore, Give Street and Number. } 2237 E Fayett St

Duration of Residence in Baltimore. 60

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH April 29 1811

AGE 96 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hoffman

(Address) 2237 E. Fayette St

Filed 11/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age 96 yrs 6 mos 23 days

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1 Calvert Ave

Date Nov 22 - 07

Place of Burial Trinity Cemetery

Date Nov. 24 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Balto Sts and 1706-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W X

C 6681

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bard City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Hunter (Doctor)

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. 8 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W

DATE OF BIRTH: Nov. 23d 1905

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Immigrant child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co.

(Address) 5 S. Gay St.

Filed 11/23" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Nov 23 1907 that I last saw h alive on Nov 23 1907 and that death occurred, on the date stated above, at 1.30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Scarlet Fever —

(DURATION) DAYS

Contributory (Primary.) Septic Tonsilitis

(DURATION) DAYS

(Signed) H. K. Baker M.D.

Address Bard City Hospital

Date 190

Place of Burial 1st Evangelic Cemetery

Date Nov. 23d 1907

Undertaker H. Sander Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

Funeral at 4 P.M. Nov 23d.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained; the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 6682 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1008 John St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia May Farrior

{ Residence, if in Baltimore, Give Street and Number. } 1008 John St.

Duration of Residence in Baltimore. In Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 24 June 1887

AGE 20 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER Henry Farrior

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Amelia Archen

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Music pupil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Farrior

(Address) Kenansville nc

Filed 11/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Nov 23 1907 that I last saw h er alive on Nov 23 1907, and that death occurred, on the date stated above, at 1230 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) acute Lobar Pneumonia (DURATION) 7 DAYS

(Signed) J. T. Holland M.D.

Address 1330 Lindenave

Date Nov. 23 1907

Place of Burial Kenansville North Carolina

Date Nov 25th 1907

Undertaker H. W. Jenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 6683 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Price

{Residence, if in Baltimore, Give Street and Number.} 1424 E. Federal

Duration of Residence in Baltimore. 34

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 10 1844

AGE 63 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Benjamin Reynolds

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Alice Johnson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha V. Price

(Address) 1424 E. Federal

Filed 11/23 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Nov 21 1907 that I last saw h[illegible] alive on Nov 21 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1/2 hour

Contributory (Primary.) Indigestion + Pseudo angina pectoris (DURATION) several months

(Signed) F. C. Davis M.D.

Address 507 N Carlton

Date Nov 22 1907

Place of Burial Loudon Park

Date Nov. 24 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

45

(Place of Death.) No. 813 Ensor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Barney Sugarman

{Residence, if in Baltimore, Give Street and Number.} 813 Ensor St.

C 66841

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Harry Sugarman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Sugar

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Steinberg

(Address) 813 Ensor st

Filed 11/23 1907

HARRY C. ANDRIANS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Nov 21st 1907

that I last saw him alive on Nov 21 1907,

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

General asthenia

(DURATION) DAYS

Contributory (Primary)

Carcinoma of Lt Kidney (DURATION) DAYS

(Signed) W. Ackinberg M.D.

Address 742 W Fayette St

Date Nov 22 1907

Place of Burial Roasdale Cemetery

Date November 24, 1907

Undertaker Max Levinson

Address 620 nc Eldersley st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6685 Registered No. B

15

CERTIFICATE OF DEATH.

Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Long

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH Oct 12 1907

AGE ..... years, ... months, 1 month 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincents Asylum

(Address)

Filed 11/23" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 190 to Nov 22nd 190 7

that I last saw h alive on " 190 7,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 36 DAYS

(Signed) J. S. T Isaacs M.D.

Address 9. E. Biddle St

Date Nov 23rd 1907

Place of Burial New Cathedral

Date Nov 23 1907

Undertaker Wooten Tukey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6686 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anthony Rose Heukmann

{ Residence, if in Baltimore, Give Street and Number. } Heukmann

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: Sept 9th 1907

AGE: ..... years, ... months, 6 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy

(Address)

Filed 11/23" 1907 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 22nd 1907

that I last saw h alive on 4 1907,

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) 3 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. S. Fuller M.D.

Address 9.6. Biddle St

Date Nov 23rd 1907

Place of Burial New Cathedral ~~Mt Auburn Cem~~

Date Nov. 23 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 6687 C 6687 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Schmidt

{Residence, if in Baltimore, Give Street and Number.} Schmidt

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W

DATE OF BIRTH: Sept 17th 1907

AGE: ..... years, ... months, 60 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy.

(Address)

Filed 11/23 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12th 1907 to Nov 22nd 1907 that I last saw h[illegible] alive on Nov 4 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas F Fisher M.D.

Address 9.6. Biddle St

Date Nov 23rd 1907

Place of Burial New Cathedral

Date November 23 1907

Undertaker Martin Fahey & Son

Address 606 Gay cor Eare

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 6688

Registered No. B

City of Baltimore, (No. 609 N Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: June 18th (Month) (Day) 1906 (Year)

AGE: ..... years, 17 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Balto. Maryland

FULL NAME OF FATHER: G. A. Watkins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Laura Woodfield

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G A Watkins

(Address) 609 N Monroe St

Filed 11/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 22 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1907 to Nov 22nd 1907 that I last saw him alive on Nov 22 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Congestion of Lungs

(DURATION) 2 DAYS

Contributory Scalded Not Milk (accident)

(DURATION) 2 DAYS

(Signed) C C Richardson M. D.

1616 Edmondson ave,
1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Grove Montgomery Co Md.

DATE OF BURIAL: Nov 24 1907

UNDERTAKER: George A Lerch

ADDRESS: 145 Pulaski St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 6689 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Brickner

{Residence, if in Baltimore, Give Street and Number.} 1547 N. Gilmore St.

Duration of Residence in Baltimore. 10 years Breighner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 15 1860

AGE: 47 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Peter E Groff

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Mary McElvey

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Breighner

(Address) 1712 Lemon st

Filed 11/23" 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-22 1907

I HEREBY CERTIFY, That I attended deceased from 11-13 1907 to 11-22 1907 that I last saw h[er] alive on 11-22 1907, and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 6 hrs

Contributory (Primary) Diabetis

One Year (DURATION) DAYS

(Signed) W. W. Bowie M.D.

Address Md. Gen. Hosp

Date 11-23 1907

Place of Burial Hanover Pennsylvania

Date November 23 1907

Undertaker Wilbur H Shriver

Address 115 Fremont ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CLASSIFICATION OF DISEASES.

I. GENERAL DISEASES.

(*A*) *Epidemic diseases.*

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseases

(*B*) *Other general diseases.*

20. Septicemia
21. Glanders and farcy
22. Malignant pustule and charbon
23. Rabies
24. Actinomycosis, trichinosis, etc.
25. Pellagra
27. Tuberculosis of lungs
28. Tuberculosis of larynx
29. Abdominal tuberculosis
30. Pott
31. Tube
32. Whit
33. Tube
34. Gene
35. Scro
36. Syph
37. Gono
38. Gono
39. Canc
40. Canc
41. Canc
42. Canc
43. Canc
44. Canc
45. Canc
46. Tum
47. Acute
48. Chro
49. Scur
50. Diab
51. Exop
52. Addi
53. Leuk
54. Aner
55. Alco
56. Lead
57. Othe
58. Othe
59. Othe

II. D

60. Ence
61. Ment
62. Loco
63. Othe
64. Apop
65. Soft
66. Para
67. Gene
68. Othe
69. Epile
70. Conv
71. Conv
72. Teta
73. Chor
74. Other diseases of nervous system
75. Diseases of the eye and its adnexa
76. Diseases of the ear

III. DISEASES OF THE CIRCULATORY SYSTEM

77. Pericarditis
78. Endocarditis
79. Heart disease
80. Angina pectoris
81. Diseases of arteries
82. Embolism and thrombosis
83. Diseases of veins
84. Diseases of lymphatics.
85. Hemorrhages (except of lungs)
86. Other diseases of circulatory system

IV. DISEASES OF THE RESPIRATORY SYSTEM.

87. Diseases of nasal fossae
88. { Laryngitis / Other diseases of larynx
89. Diseases of the thyroid body
90. Acute bronchitis
91. Chronic bronchitis
92. Bronchopneumonia
93. Pneumonia
94. Pleurisy
95. Congestion of lungs
96. Gangrene of lungs
97. Asthma
98. Emphysema
99. { Hemorrhage of lungs / Other diseases of respiratory system

V. DISEASES OF THE DIGESTIVE

VII. CHILDBIRTH.

134. Accidents of pregnancy
135. Puerperal hemorrhage
136. Other accidents of labor
137. Puerperal septicemia
138. Puerperal convulsions
139. Puerperal phlegmasia alba dolens
140. Other puerperal accidents
141. Puerperal diseases of the breast

VIII. DISEASES OF THE SKIN.

142. Gangrene
143. Carbuncle
144. Abscess
145. Other diseases of skin

IX. DISEASES OF THE LOCOMOTOR SYSTEM.

146. Diseases of bones
147. Diseases of joints
148. Amputation
149. Other diseases of organs of locomotion

X. MALFORMATIONS.

150. { Hydrocephalus / Congenital malformation of heart / cyanosis / Other congenital malformations

XI. EARLY INFANCY.

151. { Premature birth / Congenital debility
152. Other diseases of early infancy
153. Lack of care

XII. OLD AGE.

Permission to remove body to 3/16
JAMES E ... COMMISS...

C. 6689

STATE OF MARYLAND,)
City of Baltimore,) ss.

Before me, the subscriber, a Notary Public of the State of Maryland, in and for the City of Baltimore, personally appeared Dr W W Bowen

and made oath according to Law that the aforegoing ~~statement is true~~ Copy of Certificate of Death of Annie Breighner is for the same person as named in Original Certificate dated Nov 22 1907.

WITNESS my hand and Notarial Seal this 30th day of December A. D. 1907.

Edward Hoop
NOTARY PUBLIC.

Ward 5 C 6690 (C 6690) Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1220 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aaron H. Cohen

{Residence, if in Baltimore, Give Street and Number.} 1220 Jefferson St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Jacob. Cohen

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Annie Jacobs

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Goldberg

(Address) 105 N. High St

Filed 11/24 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to Nov 23 1907

that I last saw him alive on Nov 22 1907

and that death occurred, on the date stated above, at 12.5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma -

(DURATION) 1 DAYS

Contributory (Primary.) Diabetes

Militus 2 (DURATION) yrs DAYS

(Signed) Chas. F. Blake M.D.

Address 1523 E Balt St

Date Nov 23 '07 1907

Place of Burial Philadelphia Rd. (Harris)

Date November 24 1907

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 6691

C 6691

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Max Greenstein

{Residence, if in Baltimore, Give Street and Number.} 2328 Madison Ave

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1870

AGE 61 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Catzel Greenstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachil Jacobson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Levinstein

(Address) 2328 Madison Ave

Filed 11/24 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Nov 23 1907 that I last saw him alive on Nov 23 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 14 DAYS

Contributory (Primary) Carcinoma of Stomach (DURATION) ..... DAYS

(Signed) Chas. Bagley Jr M.D.

Address Hebrew Hospital

Date Nov. 23 1907

Place of Burial Hebrew Cem Washington Blvd

Date Nov. 24 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6692

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6692

Registered No. B .....

City of Baltimore, (No. 1409 Mc Cullough St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Etta Finemau

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH June (Month) 6 (Day) 1901 (Year)

AGE 6 years, 5 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Leon Finemau

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minna Charnes

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED school girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Finemau

(Address) 1409 Mc Cullough St

Filed 11/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 23 1907 that I last saw h er alive on Nov 23 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(DURATION) 4 DAYS

Contributory cardiac asthenia (DURATION) DAYS

(Signed) [illegible] M. D.

Nov 23 1907 (Address) 1538 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Washington Rd

DATE OF BURIAL: Nov 24 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 Mc Culloh St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 6693 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred Robert Evans

{ Residence, if in Baltimore, Give Street and Number. } 812 Tyson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR black

DATE OF BIRTH September 1st 1907

AGE ____ years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Arthur Joseph Evans

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Lovinia Smith

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. H. Emsley

(Address) 578 W Biddle

Filed 11/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Nov. 21 1907 that I last saw him alive on Nov. 18 1907, and that death occurred, on the date stated above, at 9: P. M. CAUSE OF DEATH (Secondary or immediate)

~~Consumption~~

Inanition

(DURATION) 15 DAYS

Contributory (Primary.) Congenital debility

(DURATION) ____ DAYS

(Signed) G. F. Dentlow M.D.

Address 222 East Cross St

Date November 21st 1907

Place of Burial Mt Auburn

Date Nov 24 1907

Undertaker A. H. Emsley

Address 578 W. Biddle. 24

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 6694 Registered No. B 0 0 6 6 1 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 2222 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Patterson

{Residence, if in Baltimore, Give Street and Number.} 2222 E Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: August 21 1832

AGE: 75 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Patterson

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Ellenora Brashear

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Patterson

(Address) 2222 E. Monument st

Filed 11/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1907 to Nov. 22d 1907 that I last saw him alive on Nov. 21 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Locomotor Ataxia

Four months (DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. W. Simpson M.D.

Address 1026 W. Broadway

Date Nov. 22d 1907

Place of Burial Baltimore Cemetary

Date November 24/07 1907

Undertaker Christian Miller.

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... C 6695 Registered No. B .....

65

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Geo. Scott

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 27 1854

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Northampton Co Virginia

FULL NAME OF FATHER: John T. P. Scott

BIRTHPLACE OF FATHER (State or country): Northamptin Co Virgenia

MAIDEN NAME OF MOTHER: Virginia A Scott

BIRTHPLACE OF MOTHER (State or country): Northamptin Co Virgenia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sophia Ritzer

(Address) 2225 Penna Ave

Filed 11/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1907 to Nov. 22 1907 that I last saw h~~im~~ alive on Nov. 22 1907 and that death occurred, on the date stated above, at 11.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) Robt. E. Bay M.D.

Address Bay View

Date Nov. 22 1907

Place of Burial London Park

Date Nov 24 1907

Undertaker Geo F Beck

Address 594 N Fiddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6696

City of Baltimore, (No. 503 W. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Mrs Race

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 10th (Month) (Day) 1890 (Year)

AGE: 17 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. L. Race

BIRTHPLACE OF FATHER (State or country): Norestion Md

MAIDEN NAME OF MOTHER: Meneria Fogle

BIRTHPLACE OF MOTHER (State or country): Fredrick Co. Md

OCCUPATION OF DECEASED: Hotel Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. L. Race

(Address) 503 W. Franklin St

Filed 11/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1907 to Nov 22 1907 that I last saw h in alive on Nov 22 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 44 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H H Forsaith M. D.

Nov 23 1907 (Address) 207 N Liberty St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Nov 24th 1907

UNDERTAKER: Geo. Bentz

ADDRESS: 574 N Biddle St

WM. J. C. DULANY CO., BALTIMORE

Y ▲ FILM ■ ▲

Ward 9 C 6697 Registered No. B C 6697

CERTIFICATE OF DEATH. 14

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Catherine Meehan

{ Residence, if in Baltimore, Give Street and Number. } St Joseph's Hospital

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH Aug 9 1879

AGE 28 years, 3 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Meehan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Burke

BIRTHPLACE OF MOTHER (State or country) Canada

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Schwarz

(Address) 1829 N. Broadway

Filed 11/24 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Nov 22 1907

that I last saw her alive on Nov 22 1907

and that death occurred, on the date stated above, at 10:45 a.m. CAUSE OF DEATH (Secondary or Immediate) Toxemia Gen General Exhaustion

Two weeks (DURATION) DAYS

Con ributory (Primary) Erysipelas since Sept 13 07

Cholelithiasis (DURATION) A DAYS

(Signed) G H Pflueger M.D.

Address St Josephs Hospital

Date Nov 22 1907

Place of Burial Holy Redeemer County

Date NOV 25 1907 190

Undertaker Gilbert E Hull

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 6698 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 N Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Behnke

{Residence, if in Baltimore, Give Street and Number.} 6 N Caroline

Duration of Residence in Baltimore. 36 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 30 1830

AGE 76 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Hasselbarth

(Address) # 6 N. Caroline St

Filed 11/24 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 21 1907 that I last saw h[illegible] alive on Nov 21 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Con'tributory (Primary.) Apoplexy

(DURATION) 8 DAYS

(Signed) C. F. Blake M.D.

Address 16 E Lexington Balto

Date Nov 24 1907

Place of Burial First Ger. Ev Luth Cemetery

Date Nov 24 1907

Undertaker L. Ritz, Jr.

Address 2336 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6699 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 717 E 22nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter C Burnham

{Residence, if in Baltimore, Give Street and Number.} No 717 E 22nd st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 23rd 1856

AGE 51 years, 1 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Samuel Burnham

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sophia Hopkins

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Alice Burnham

(Address) 717 E 22nd st

Filed 11/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to Nov 22 1907

that I last saw him alive on Nov 21 1907,

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) 8 months DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 month DAYS

(Signed) Julius Friedenwald M.D.

Address 1013 N Charles

Date Nov 23, Baltimore 1907

Place of Burial Loudon Park Cemetery

Date Nov 25th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 6700

City of Baltimore, (No. 134 N. Front St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman H. Filbyer

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	September 12 1906 (Month) (Day) (Year)
AGE	— years, 14 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Dr. Filbyer
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Lissie Paris.
BIRTHPLACE OF MOTHER (State or country)	Russia.
OCCUPATION OF DECEASED	Nil -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lol. Filbyer

(Address) 134 N. Front

Filed 11/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 13 1907 to November 23 1907 that I last saw h[illegible] alive on November 23 1907, and that death occurred, on the date stated above, at 3-30 A.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia - Left -

(DURATION) 9. DAYS

Contributory Meningitis.

(DURATION) 9 DAYS

(Signed) Alfred Hillebrandt M. D.

Nov. 24 1907 (Address) The attending. Entered Thru

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rosedale Cemetery	Nov 24 1907
UNDERTAKER	ADDRESS
Max Lemmer	1620 me Elderslie st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 6701 Registered No. B

CERTIFICATE OF DEATH.

161 L

(Place of Death.) No. H.W. Co. Eutaw & Camden Sts St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

C. 6701

Full Name Theo. J. Miller

{Residence, if in Baltimore, Give Street and Number.} H.W. Co Eutaw & Camden.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH ..... 1 .....

AGE ..... 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Theodor Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Deck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Deck

(Address) 603 N Howard

Filed 11/24 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull & ribs by jumping from 4th floor to Yard

Suicide

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) R Walker M.D.

Address 1002 W Lafayette Ave

Date Nov 25 1907

Place of Burial St Alphonsus

Date November 25 1907

Undertaker Wm J Schilling

Address 9 S Poppleton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C. 6702

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 E. Hamilton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Hawkins

{Residence, if in Baltimore, Give Street and Number.} 20 E. Hamilton street

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH	1
AGE	67 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Charles Co Md.
FULL NAME OF FATHER	Henry Day
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis X Hawkins

(Address) 20 E. Hamilton st

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Nov 23 1907

that I last saw her alive on Nov 22 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) — DAYS

Contributory (Primary.)

Carcinoma of breast (DURATION) 18 mos DAYS

(Signed) Hilbain & Burdine M.D.

Address 762 Dolphin

Date Nov 23 1907

Place of Burial New Cathedral Cemetery

Date Nov 25 1907

Undertaker William C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

C 6703

CERTIFICATE OF DEATH.

C 6703

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Catharine Lomax

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: ..... 1.....

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 11/24 A 1907

HARRY C. ANDREWS
HENRY CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1907 to Nov 22 1907

that I last saw h.. alive on Nov 22 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) ..... DAYS

Contributory (Primary.) Endo-carditis

(DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Nov. 23 1907

Place of Burial Essex Co, Virginia

Date 11-25-cm 1907

Undertaker G. L. Brown's Son

Address 108 W. Montgomery st

Taplannock Wharf, Essex Co Va

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C.6704 Registered No. B

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 162½ N. Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Clark Martin

{Residence, if in Baltimore, Give Street and Number.} 162½ Mosher St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 25 1834

AGE 73 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Rebecca Griffin

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Smith

(Address) 162½ Mosher St.

Filed 11/24 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1907 to Nov. 21 1907, that I last saw her alive on Nov. 20 1907, and that death occurred, on the date stated above, at 12 0 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Congestion & Lungs

(DURATION) 3 DAYS

Contributory (Primary.) Organic heart disease

(DURATION) 3 years ~~DAYS~~

(Signed) O. H. Wilkerson M.D.

Address 431 N. Carey St

Date Nov 22 1907

Place of Burial Mt Olivet

Date Nov 24 1907

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6705 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 846 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Miskell

{Residence, if in Baltimore, Give Street and Number.} 846 W Fayette

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 56 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER George Miskell

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Miskell

(Address) 846 W Fayette St

Filed 11/24" 1907 HARRY C. ANDREAS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 23 1907

that I last saw h sin alive on Nov 21 1907

and that death occurred, on the date stated above, at 12 00 M.

I. CAUSE OF DEATH (Secondary or Immediate

General Paresis

(DURATION) 24 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. N. Jumper M.D.

Address 1415 Madison ave

Date Nov 23d 1907

Place of Burial Druid Ridge Cemetery

Date Nov 25th 1907

Undertaker Wm Cook

Address 502 E Fourth ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 6706 Registered No. B

CERTIFICATE OF DEATH.

27 L

(Place of Death.) No. 225 S. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Hackett

{ Residence, if in Baltimore, Give Street and Number. } 225 S. Fulton Ave

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 10" 1882

AGE 25 years, 9 months, 17 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos Hackett

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kath. F. Hackett

(Address) 225 S. Fulton Ave

Filed 11/24" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Nov 22 1907

that I last saw h/m alive on Nov 21 1907,

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

(DURATION) 1 Yr ~~Days~~

Contributory (Primary.) —

(DURATION) DAYS

(Signed) M. A. O'Neill M.D.

Address 315 Hollins St.

Date Nov 22, 1907

Place of Burial New Cathedral

Date Nov - 25 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B C.6707

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C. Fetsch

{Residence, if in Baltimore, Give Street and Number.} 1533 Covington St.

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 28 1845

AGE 62 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad C. Burger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER B. Gumpecan

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Morrow

(Address) 1533 Covington St,

Filed 11/24" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Nov 22 1907 that I last saw h.er alive on Nov 22 1907, and that death occurred, on the date stated above, at 3-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 2 DAYS

Contributory (Primary) Malignant Neoplasm of Stomach (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Nov 23 1907

Place of Burial Holy Cross A & C

Date Nov 25 th 1907

Undertaker E Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6708

Registered No. B

Bidler Sellman Sanatorium

City of Baltimore, (No. 2724 N. Charles St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virgie Fuhrman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) York Co Pa.

FULL NAME OF FATHER Jacob K. Sipe.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Jane Welsh

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Meyers

(Address) 2516 Penna Ave

Filed 11/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 11/20 1907 to 11/24 1907 that I last saw h[er] alive on 11/24 1907, and that death occurred, on the date stated above, at 3.40 P. M. The CAUSE OF DEATH was as follows:

Appendicitis

(DURATION) Chronic DAYS

Contributory Peritonitis.

(DURATION) 3 DAYS

(Signed) G. W. Delt[illegible] M. D.

11/24 1907 (Address) 2202 N. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Hanover Pa. How long at Place of Death 4 Days

Where was disease contracted, if not at place of death? Hanover.

PLACE OF BURIAL OR REMOVAL Hanover Pa. DATE OF BURIAL Nov 26 1907

UNDERTAKER Wm Cook ADDRESS 1036 Hollins

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74-

CERTIFICATE OF DEATH.

Registered No. B C 6709

City of Baltimore, (No. 43 Walbert St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thos. A. Long -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White -

DATE OF BIRTH: Feb - (Month) 10 (Day) 1875 - (Year)

AGE: 32 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kent Co. Md

FULL NAME OF FATHER: Thos. B. Long

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Sarah N. Burkholder

BIRTHPLACE OF MOTHER (State or country): Va -

OCCUPATION OF DECEASED: Roble Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Long

(Address) 43 Walbert St.

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11th 1907 to Nov. 21st 1907

that I last saw h— alive on — 1907,

and that death occurred, on the date stated above, at 4.10 P.M. The CAUSE OF DEATH was as follows:

General Paralysis

(DURATION) — DAYS

Contributory Brain Tumor

(DURATION) — DAYS

(Signed) J. M. Litsinger M. D.

Nov. 23d 1907 (Address) 21 W. Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park.	Nov. 25 1907.
UNDERTAKER	**ADDRESS**
E. W. Mitchell	120 N. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 6710 Registered No. B

C 6710

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 935 N. Gulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jonah D. Kelley

{ Residence, if in Baltimore, Give Street and Number. } 935 N. Gulloh St

Duration of Residence in Baltimore.... 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Mar. 10 1839
AGE	68 years, 8 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ind.
FULL NAME OF FATHER	Jonah Kelley
BIRTHPLACE OF FATHER (State or country)	Ind
MAIDEN NAME OF MOTHER	Hester Ann Price
BIRTHPLACE OF MOTHER (State or country)	Ind
OCCUPATION OF DECEASED	Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Kelley

(Address) 229 E Montgomery St

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24" 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to Nov. 24 1907

that I last saw h-- alive on Nov. 23 1907.

and that death occurred, on the date stated above, at 12 a--m. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Bruns M.D.

Address 1228 Lombard

Date Nov 25 1907

Place of Burial London Park

Date Nov 26 1907

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 6711 Registered No. [illegible] 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1318 Edmonson ave St. (If Death occurred in ~~Hospital or Institution~~, give its Name instead of Street and Number.)

Full Name Milton J. Christopher

{Residence, if in Baltimore, Give Street and Number.} 1318 Edmonson ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept 25th 1828

AGE 79 years, 1 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) dont Know

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa M Christopher Wife

(Address) 1318 Edmonson ave

Filed 11/25 1907 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Nov 23 1907 that I last saw h[illegible] alive on Nov 23 1907, and that death occurred, on the date stated above, at 6.05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hydro static Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Carcinoma of Liver (DURATION) ? DAYS

(Signed) Paul Edmunds M.D.

Address 1513 Edmondson Ave

Date Nov 24 1907

Place of Burial Greenmount Cemetary

Date Nov 26th 1907

Undertaker George Schulting & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W Registered No. B 6872 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Jackson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Black

DATE OF BIRTH Oct. 7, 1907

AGE ..... years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Bessie Jackson

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1907 to Nov. 23 1907 that I last saw h[illegible] alive on Nov. 22 1907, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 1 month DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Caroline St.

Date Nov. 23, 1907

Place of Burial Cathedral Cemetery

Date Nov. 25 1907

Undertaker Felix B. Poye

Address 1026 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C.6713 Registered No. B

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 420 St Mary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Johnson

{Residence, if in Baltimore, Give Street and Number.} 420 St Mary St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col

DATE OF BIRTH ..... 1 .....

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Staunton Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Johnson

(Address) 420 St Mary St

Filed 11/25 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1907 to Nov. 23, 1907, that I last saw h[illegible] alive on Nov. 20, 1907 and that death occurred, on the date stated above, at 4:10 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonic Phthisis

(DURATION) 20 DAYS

Contributory (Primary.)

Sclerosis (DURATION) DAYS

(Signed) E. Edw. Magruder, M.D.

Address 322 Madison Ave.

Date Nov. 23, 1907.

Place of Burial Mt Auburn Cemetery

Date Nov 26 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. C 6714 Registered No. B 6714

CERTIFICATE OF DEATH.

15 1/4

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gladys May.

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: Black.

DATE OF BIRTH: Oct. 27 1907

AGE: ..... years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Susan May

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother, Mildred

(Address) St Elizabeths Home

Filed 11/25 1907 HARRY C. ANDREWS, DEPUTY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to Nov. 23 1907

that I last saw h[illegible] alive on Nov. 22 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Gillis M.D.

Address 1519 N. Caroline St.

Date Nov. 23, 1907

Place of Burial Cathedral Cemetery

Date Nov. 25 1907

Undertaker Felix B Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C.6715

CERTIFICATE OF DEATH.

125

(Place of Death.) No. 1203 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm N. Caulk

{Residence, if in Baltimore, Give Street and Number.} ~~35~~ 1203 Hanover

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 20th 1830

AGE 77 years, 7 months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William H Caulk

BIRTHPLACE OF FATHER (State or country) Eastern Shore

MAIDEN NAME OF MOTHER Elizabeth dont know

BIRTHPLACE OF MOTHER (State or country) Eastern Shore

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna Kelly

(Address) 4 W. Cross St

Filed 11/25 1907

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Nov 23 1907

that I last saw h in alive on Nov 22 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) N. H. Davis M.D.

Address 1228 S. Eden St

Date Nov. 25 1907

Place of Burial Mount Olivet

Date Nov 25th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 5 C 6716 Registered No. [illegible] 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 Low St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate A Reed

{ Residence, if in Baltimore, Give Street and Number. } 814 Low St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 12th 1835

AGE 72 years, 3 months, 14 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Conrad Ebaugh

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Fowble

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rachel Reed

(Address) 814 Low St

Filed 11/25 1907 HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23rd 1907

I HEREBY CERTIFY, That I attended deceased from about Late last Oct 1907 to Nov 23rd 1907 that I last saw h[illegible] alive on Nov 19th 1907, and that death occurred, on the date stated above, at [illegible] A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bronchial Pneumonia

(DURATION) 30 DAYS

(Signed) [illegible] M.D.

Address 809 N. Charles St

Date Nov 25th 1907

Place of Burial Loudon Park

Date Nov 25 1907

Undertaker Robt J Turner

Address 1412 N. Broadway

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 6717 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Celania Tillman

{ Residence, if in Baltimore, Give Street and Number. } 825 N. Hopkins St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Feby 7 1851

AGE 56 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Schumann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S F Keagle

(Address) 825 N Wolf

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1907 to Nov 24 1907 that I last saw h[illegible] alive on Nov. 24 1907 and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia + tuberculosis with exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of stomach (DURATION) — DAYS

(Signed) Jos. F. Turner M.D.

Address St Josephs Hosp.

Date November 27 1907

Place of Burial Johnnas Cemetery

Date Nov 27 1907

Undertaker Peter J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 6718 Registered No. B

103

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 East 24th Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Daniel Henry Depkin

{Residence, if in Baltimore, Give Street and Number.} 14 East 24th Street

Duration of Residence in Baltimore. ~~Alou~~ About Fifty Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 26 1836

AGE: 71 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Hanover Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Merchant Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. N. Arnest

(Address) Woodlawn Hall Irvington Baltimore Md.

Filed 11/25 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Nov. 23 1907

that I last saw h— alive on Nov. 23 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Gastric Ulcer

(DURATION) DAYS

(Signed) L. R. Palmer M.D.

Address 1021 Madison ave.

Date Nov. 24 1907

Place of Burial Baltimore Cemetery

Date Nov 26th 1907

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 07 C 6719 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Barry

{ Residence, if in Baltimore, Give Street and Number. } 14 Carton St. Pleasure Point

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 25 1871

AGE: 36 years, 2 mont's. 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md.

FULL NAME OF FATHER: Richard Berry

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Rebecca Bull

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Richard Barry

(Address) 35 #7 Cedar Ave

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to Nov. 22 1907

that I last saw him alive on Nov. 22 1907

and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Con ributory (Primary.) Typhoid fever.

(DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address St. Joseph's Hospital

Date 190

Place of Burial St. Mary's Cemetery

Date Nov. 24 1907

Undertaker H S Waughtall

Address 3539 Fall. Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registration No. 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 675 Pierce St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emiline Ryan C.6720

{ Residence, if in Baltimore, Give Street and Number. } 675 Pierce St

Duration of Residence in Baltimore. 60 y

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR C

DATE OF BIRTH ..... 1 .....

AGE 88 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Emiline Garner

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Garner

(Address) 675 Pierce St

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov- 23 1907

I HEREBY CERTIFY, That I attended deceased from as coroner. 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia due to old age.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) R Marlow M.D.

Address Coroner

Date Nov 25 1907

Place of Burial Laurel Cemetery

Date Nov. 26 1907

Undertaker Alex Bensley

Address 57 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 1 C 6721 Registered No. [illegible]

CERTIFICATE OF DEATH.

61

(Place of Death.) No. Balt City Hospital St. If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Louis Phillips

{Residence, if in Baltimore, Give Street and Number.} 1111 W Washington Ave

Duration of Residence in Baltimore. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR B-

DATE OF BIRTH 1

AGE years, 19 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Marshall Phillips

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Chief

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marshall Phillips

Address 1111 Washington Ave

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Nov 23 1907 that I last saw h[illegible] alive on Nov 23 1907 and that death occurred, on the date stated above, at 4 40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Spinal Meningitis

(DURATION) DAYS

Contributory (Primary) Shock

(DURATION) DAYS

(Signed) W H Toker M.D.

Address Balt City Hospl

Date 1907

Place of Burial Beechhill Balto Co. Md.

Date Nov. 25, 1907

Undertaker Alex Bensley

Address 5 NW. Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1607 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine L. Hartan

{Residence, if in Baltimore, Give Street and Number.} 1607 Mc Elderry st

Duration of Residence in Baltimore. Life C.6722

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 26 18

AGE 37 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER George Fleishman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Frederick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hartan Jr.

(Address) 1607 McElderry st

Filed 11/25 1907

HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23rd 1907

I HEREBY CERTIFY, That I attended deceased from September 8th, 1907 to November 23rd 1907 that I last saw h alive on Nov. 23rd 1907, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia and Exhaustion

(DURATION) 5 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 4 Mos.

(Signed) Albert G. Dingwall M.D.

Address 1503 E. North Ave.

Date Nov 23rd 1907

Place of Burial Emmanuel Cemetary

Date Nov 26/07 190

Undertaker Secretary Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C 6723

City of Baltimore, (No. 722 E. Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matthew Gambordella

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 16 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Vincent Gambordella

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Delphini

BIRTHPLACE OF MOTHER (State or country): Italy (Naples)

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Vincent Gambordella

(Address) 722 E. Baltimore St.

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Nov 26 1907

that I last saw h[e] alive on Nov 25 1907,

and that death occurred, on the date stated above, at 5 40 a. m. The CAUSE OF DEATH was as follows:

Bronchopneumonia (Septic) (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F. L. Kirby M. D.

Nov 26 1907 (Address) 110 E. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Vincent Cem. | DATE OF BURIAL: Nov. 26 1907

UNDERTAKER: Wendell Lippel | ADDRESS: Ban 330 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

C.6724

1-

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Price

{ Residence, if in Baltimore, Give Street and Number. } 405 S. Bond St

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 11/25 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Nov 21 1907 that I last saw h alive on Nov 21 1907, and that death occurred, on the date stated above, at 2 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) DAYS

Contributory (Primary.) Typhoid fever

(DURATION) DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hospital

Date Nov 22 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 23 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2 5-5

Ward 17 C 6925 Registered No. B 134

CERTIFICATE OF DEATH.

(Place of Death.) No. 1442 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Doffmyer

{Residence, if in Baltimore, Give Street and Number.} 1442 Carroll St.,

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 1871

AGE: 36 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Kerigan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Hardiman

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Hoffmeyer

(Address) 715 N. Pulaski St.

Filed 11/25 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23d 1907

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Nov 23d 1907 that I last saw her alive on Nov 23 1907, and that death occurred, on the date stated above, at 7 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 2 DAYS

Contributory (Primary.) Hydramnios

about 8 Months (DURATION) DAYS

(Signed) H. W. Stortaugh M.D.

Address 622 W Lombard St.

Date Nov 23 1907

Place of Burial St Vincents Cem

Date Nov 26 1907

Undertaker Jos. Sunderland & Son

Address 217 S. Regar

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

116
C. 6726

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Cook

{ Residence, if in Baltimore, Give Street and Number. } ~~Edmondson Ave~~ Catonsville Md

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anthony Cook

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svendsen

(Address) 217 S. Pace.

Filed 11/25 1907

HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1907 to Nov 25 1907 that I last saw h[illegible] alive on Nov 25 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of Lung

(DURATION) 5 DAYS

Con ributory (Primary) General Peritonitis Ruptured Intestine (DURATION) [illegible] DAYS

(Signed) H. W. Roberts M.D.

Address University Hospital

Date Nov. 26th 1907

Place of Burial Loudon Park

Date Nov 28 1907

Undertaker Jos. Svendsen, Son

Address 217 S. Pace

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C.6722 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Hmiversity Hosp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry W Hoeg

{ Residence, if in Baltimore, Give Street and Number. } ~~Hoff~~ ~~1680~~ ~~Carey St~~ 1015 Hollins

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 4 1881

AGE: 26 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wash. D.C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Wash D.C.

MAIDEN NAME OF MOTHER: Harriet V. Pumphrey

BIRTHPLACE OF MOTHER (State or country): Wash D.C.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Wever

(Address) 1642 N. Carey

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture Skull - victim injuries. Elected Workhouse Hosp. under Dr W Bell on it

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D F Martin M.D.

Address Coroner

Date Nov 22 1907

Place of Burial London Park

Date Nov 25 1907

Undertaker W J Pickney & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 6728 C 16728 Registered No. B 155

CERTIFICATE OF DEATH.

(Place of Death.) No. 2237 Preston Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William C. Woodward.

{ Residence, if in Baltimore, Give Street and Number. } 2237 Preston Pl.

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles L. Woodward.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Laura Linkthum

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances B. Woodward.

(Address) 2237 Preston St

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Laudanum.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lesh Carruthers M.D.

Address Towson Md.

Date Nov. 24 1907

Place of Burial Baltimore Cemetery

Date Nov. 26 1907

Undertaker Jerome G.M. Brach

Address 1907 Eastland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY

Ward 1 — Registered No. B 06729

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 962 N. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josefa Vlna

{ Residence, if in Baltimore, Give Street and Number. } 962 N. Collington ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Josef Vlna

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER S Nehlik

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Vlna

(Address) 962 N. Collington ave

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Nov 24 1907

that I last saw h[illegible] alive on " 190 ,

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Connection

(DURATION) DAYS

Contributory (Primary) Cardiac Exhaustion (DURATION) DAYS

(Signed) William J. Ryan M.D.

Address [illegible] 2008 Eutaw Place

Date Nov. 24 1907

Place of Burial Loudon Park

Date Nov. 26 1907

Undertaker Jerome B. McCormack

Address 1904 Eutaw Place

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6730

City of Baltimore, (No. 1514 W Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Earl Anton Fisher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October (Month) 14 (Day) 1907 (Year)

AGE: ..... years, 6 Weeks months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Pius Fisher

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ethel E Ebert

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pius Fisher

(Address) 1514 W Pratt St

Filed 11/25 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Nov 24 1907

that I last saw h in alive on Nov 23 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

a c. Gastro. Enteritis.

(DURATION) 3 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) R. Gustav Dree M. D.

Nov 24 1907 (Address) 1433 Mount

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 25 th 1907

UNDERTAKER: Geo A Gerbig — ADDRESS: 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

Ward 1

C 6782

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 S. Pohleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Joe Dermott

{Residence, if in Baltimore, Give Street and Number.} 314 S. Pohleton St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 89 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael McDermott

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Joan Coleman

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Joan Dunbe

(Address) 314 S. Pohleton St.

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1901 to Nov 23 1907 that I last saw h[im] alive on Nov 23 1901. and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) 7 DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 1 DAYs

(Signed) Jos. E. Imse M.D.

Address 855 Columbia Ave

Date Nov 24 1907

Place of Burial St Peters Cem

Date November 26 1907

Undertaker John A. Morgan

Address Bank & Aisquith Sts

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

18

(Place of Death.) No. 418 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christ Knabe.

{ Residence, if in Baltimore, Give Street and Number. } 418 N. Fremont Ave.

C 6732

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 22 1870

AGE: 33 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Knabe

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Florence Meyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elizabeth Konnickamp

(Address) 418 N. Fremont

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November. 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1907 to Nov. 24 1907

that I last saw h[illegible] alive on Nov 24 1907,

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema.

Following

Endocarditis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno. T. Dorsey M.D.

Address 1153 Edmondson Ave.

Date November. 25 1907

Place of Burial Loudon Park

Date Nov. 27 1907

Undertaker Gen'l Dr. Little

Address 431 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Smith

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

C. 6733

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 18 1907 to Nov. 23 1907 that I last saw her alive on Nov 23 1907 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Nov. 24 1907

Place of Burial Mt Zion Cem

Date Nov 25 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6734

City of Baltimore, (No. 134, East St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellie Gutman

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: C

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Washington

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Harris

BIRTHPLACE OF MOTHER (State or country): Lancaster Pa

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Gutman

(Address) 134 East St

Filed 11/25 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11-9 1907 to 11-17 1907

that I last saw h[illegible] alive on 11/17 1907,

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Mental Anemia

Dilated Heart

(DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) DAYS

(Signed) L. C. Taliaferro M. D.

11/17 1907 (Address) 1614 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Nov 25 1907

UNDERTAKER: R H Elliott

ADDRESS: 506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

257 Morgue

Ward 7 C 6735

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Mullikin Ave Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Mapp.

{Residence, if in Baltimore, Give Street and Number.} 30 Lawley St.

C 6735

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Mapp

(Address) 431 N Fremont Ave

Filed 11/25 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 — 1907

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h \ alive on 190

and that death occurred, on the date stated above, at 1.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carroll M.D.

Address Coroners Office

Date Nov. 25 — 07 1907

Place of Burial Asbury

Date Nov 26 — 1907

Undertaker R A Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

C-6736

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Laurence Bradell (Bradelli)

{ Residence, if in Baltimore, Give Street and Number. } 406 Register St

Duration of Residence in Baltimore. At Hospital a few hours

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~M~~ Single

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. B. Romaine

(Address) Hyssop Point

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 2 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Shock, from injuries received lacerating a vein at Hyssop Point

(DURATION) 1/2 DAYS

Con'tributory (Primary.) Accident (DURATION) ... DAYS

(Signed) Silas Lee Brown M.D.

Address 700 Cathedral (Corner)

Date Nov. 2 1907

Place of Burial Laurel

Date Nov 26 1907

Undertaker R. A. Elliott

Address 508 Regent Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6737

City of Baltimore, (No. 248 N Arlington Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A Keller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 63 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Josiah H Keller
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Nov 24 1907

that I last saw him alive on Nov 23 1907,

and that death occurred, on the date stated above, at 10:30 a. M. The CAUSE OF DEATH was as follows:

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory Interstitial Nephritis

(DURATION) ..... DAYS

(Signed) F W Thomas M. D.

Nov 24 1907 (Address) 317 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 26 1907
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Ward 11 C 6738 Registered No. B C.6738 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 512 L. Monument St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah Taylor

{Residence, if in Baltimore, Give Street and Number.} 512 L. Monument St

Duration of Residence in Baltimore. 5 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR B

DATE OF BIRTH Don't Know 1

AGE 22 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Moses Taylor

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Celia A. Conway

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Coates

(Address) 512 L. Monument St

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/23 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1907 to Nov. 23 1907 that I last saw h.r alive on Nov. 23d 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure DURATION Immediate DAYS

Contributory (Primary) Gastro-enteritis DURATION 18 DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 11/23 1907

Place of Burial Timber Grove Cem Northumberland

Date Nov 25 1907

Undertaker John A. Bird

Address 1107 Dolphin St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C.6729 — Registered No. D ... 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edgar L Bollinger.

{ Residence, if in Baltimore, Give Street and Number. } 100 N Front St

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: March 3, 1874

AGE: 33 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Henry Bollinger

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Jane Rhodes

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bollinger

(Address) Martinsburg, Penn.

Filed 11/25 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Nov 23 1907

that I last saw h[illegible] alive on Nov 3 1907

and that death occurred, on the date stated above, at 4.30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 90 DAYS

Con'tributory (Primary.) Tuberculosis

(DURATION) — DAYS

(Signed) R W Eshe M.D.

Address Balt City Hospital

Date 190

Place of Burial Martinsburg, Penn. Blair Co

Date Nov. 25, 1907

Undertaker Henry W. Mears & Son

Address 808 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 6740

36

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1037 Sommerset St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Canoles

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1857 Year

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER William Canoles

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Elizabeth Snyder

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Hackman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Canoles

(Address) 1037 Sommerset St.

Filed 11/25 190 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Nov 23 1907 that I last saw him alive on Nov 23 1907, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Paralysis & Exhaustion

(DURATION) 21 DAYS

Contributory Syphilis

(DURATION) 8 yr DAYS

(Signed) R P Cannan M. D.

Nov 24 1907 (Address) 1701 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Nov 27 1907

UNDERTAKER John J. Conrad

ADDRESS 901 Hallows Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. I. Mathison

{ Residence, if in Baltimore, Give Street and Number. } 657 Sterling St.

Duration of Residence in Baltimore Life

COLORED

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. I. Mathison

(Address) 1321 E. Biddle St.

Filed 11/25 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 - 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cr Nephritis

(DURATION) ..... DAYS

Contributory (Primary.) Uremia.

(DURATION) ..... DAYS

(Signed) Geo. Cameron M.D.

Address Coroner's Office

Date Nov. 23 1907

Place of Burial New Cathedral Cemetery

Date Nov. 26 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W 7 C 3742 Registered No. B ... 9r

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Edward Bortanowski

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. 18 days.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W.
DATE OF BIRTH: Dec. 20th 1906	
AGE: ... years, 11 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country): Russia	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Minor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Schumacher & Co

Address 55 S. Gay St.

Filed 11/25 1907 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Nov 25 1907

that I last saw h.. alive on Nov 25 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) W. R. Baker M.D.

Address City Hospital

Date ... 1907

Place of Burial Mt. Evangelic Cemetery

Date Nov 25th 1907

Undertaker P. Schumacher & Co.

Address 55 S. Gay St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 1516 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Brodt.

{Residence, if in Baltimore, Give Street and Number.} 1516 Clarkson St.

Duration of Residence in Baltimore. 55 years. C. 6743

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 15th 1836
AGE	71 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Blacksmith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Daughter)

(Informant) Mary M. Cowell

(Address) 1516 Clarkson St

Filed 11 25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 1907 to Nov. 23 1907

that I last saw her alive on Nov. 23 1907,

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Lee Harris M.D.

Address 1228 E. Lexington

Date Nov. 25 1907

Place of Burial Western Cem.

Date Nov 26 1907

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH.

(Place of Death.) No. 736 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mytrle Wright.

{Residence, if in Baltimore, Give Street and Number.} 736 Sarah Ann St.

Duration of Residence in Baltimore. Life

C.U. 7444

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Wright

Address 736 Sarah Ann St.

Filed 11/24" 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 to Nov 23 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) L. Martin M.D.

Address 1002 W Lafayette Ave

Date Nov 24 1907

Place of Burial Mt Auburn

Date Nov 25 1907

Undertaker A. L. Freeland

Address 104 N. Schroeder St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. C 60745 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2103 Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Kiely

{ Residence, if in Baltimore, Give Street and Number. } 2113 Fremont Ave

Duration of Residence in Baltimore About 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 1851

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Flanty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Helen McCarthy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Kiely

(Address) 2103 Fremont Ave

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 22 1907 that I last saw h[illegible] alive on Nov 22 1907, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Renal Insuffi-ciency & albuminuria (DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Nov 25 1907

Place of Burial Our Cathedral

Date Nov 26 1907

Undertaker E. A. Wedekind

Address 2113 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Julius Hartman

{ Residence, if in Baltimore, Give Street and Number. } Bay View C 6746

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Whit

DATE OF BIRTH: 1.

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hungary

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant: Lamar Hollyday

(Address): BAY VIEW ASYLUM

Filed 11/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1907 to Nov. 24 1907

that I last saw h.. alive on Nov 24 1907

and that death occurred, on the date stated above, at 3 40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Nov. 24-1907

Place of Burial Ed Lawn Cemetery

Date Nov 26 1907

Undertaker J. Shreve Co

Address 1541 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6

C 6747

CERTIFICATE OF DEATH.

93

(Place of Death.) No. The Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sandy Gholson

{Residence, if in Baltimore, Give Street and Number.} 1215 Hoffman Place

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Black

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wilson Gholson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ann Gholson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nannie Gholson

(Address) 1215 Hoffman St

Filed 11/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25 1907

I HEREBY CERTIFY, That I attended deceased from November 20 1907 to November 25 1907

that I last saw him alive on November 25 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) O'Melough M.D.

Address Johns Hopkins Hospital

Date November 25 1907

Place of Burial White Plains Va.

Date November 26th 1907

Undertaker Charles H. Burkett

Address 502 Bloom St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1204

(Place of Death.) No. 610 Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J. Morgan

{Residence, if in Baltimore, Give Street and Number.} 610 Cathedral St.

C. 6748

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 4 1834

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Chas. J. Morgan

MAIDEN NAME OF MOTHER: Alcinda Morse

BIRTHPLACE OF MOTHER (State or country): West Virginia

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Robinson

(Address) 610 Cathedral St

Filed 11/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25" 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1" 1907 to Nov 25" 1907

that I last saw h alive on Nov 25" 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema
& heart affection

(DURATION) 7 DAYS

Contributory (Primary.) Chronic nephritis

10 years (DURATION) DAYS

(Signed) Henry B. Thomas M.D.

Address 1007 Cathedral St

Date Nov. 25" 1907

Place of Burial Richmond Va

Date Nov 27th 1907

Undertaker Henry W. Jenkins & Sons Co

Address 300 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6749

Registered No. B.....

City of Baltimore, (No. 803, St Paul St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sallie A. Cator

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Nov 11 1832. 1 (Month) (Day) (Year)

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Wm McNamara

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md

MAIDEN NAME OF MOTHER: Eliza Partridge

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Harlan

(Address) 516 Cathedral St.

Filed 11/26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to Nov 24th 190 7

that I last saw h.r alive on Nov 24 190 7, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Senile Exhaustion.

3 to 4 Years (DURATION) DAYS

Contributory Bronchitis

(DURATION) DAYS

(Signed) Charles F. Brown M. D.

Nov 26 1907 (Address) 807 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: W E Ennouse — DATE OF BURIAL: Nov 26 1907

UNDERTAKER: New Jerusalem Hse Co — ADDRESS: 300 W Fredk

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine R. Coale

{ Residence, if in Baltimore, Give Street and Number. } 1116 McCulloh St.

Duration of Residence in Baltimore. Life

C 6750

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 9th 1829

AGE 80 years, 7 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward J. Coale

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maryanne Buchanan

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary B Redwood

(Address) 1116 McCulloh St

Filed 11/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 25 1907

that I last saw h[illegible] alive on Nov 24 1907 7.30

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Osler M.D.

Address 1001 Cathedral St

Date Nov 26 1907

Place of Burial Gr E Cemetery

Date Nov 27th 1907

Undertaker Henry W. Jenkins & Sons Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Mitchell

{Residence, if in Baltimore, Give Street and Number.} 46 Redmon et

Duration of Residence in Baltimore.

C 0251

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: C

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J G Jackson

(Address)

Filed 1/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Burns over entire body

Clothing caught fire from

stove — accident

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) B Newton M.D

Address 1002 N Lafayette Ave

Date Nov 24 1907

Place of Burial Mt Auburn

Date Nov 26 1907

Undertaker Wm J Jackson

Address 1421 Bullitt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 213 S. Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Maria Talbott

{ Residence, if in Baltimore, Give Street and Number. } 213 S Parrish

Duration of Residence in Baltimore. Life

C 6752

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 12 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Talbott

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriett Hill

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Talbott

(Address) 213 S. Parrish St

Filed 11 26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Woop (aorta) Cardiac Dilated Organic Heart Disease

(DURATION) 28 DAYS

Contributory (Primary) Rheumatism

(DURATION) DAYS

(Signed) Frank Jones M.D.

Address Coroners Office

Date Nov 24th 1907

Place of Burial Mt Lookout

Date Nov 26th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Richard Moore

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

C. 6753

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male.	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 50 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Coal Black.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

2 55

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1907 to Nov. 23 1907

that I last saw h im alive on Nov. 23 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Nov. 23 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 25 1907 190

Undertaker Wm. J. Wooden

Address 1810 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 6754 Registered No. B

CERTIFICATE OF DEATH.

18

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Patrick.

{Residence, if in Baltimore, Give Street and Number.} 721 S. Broadway

Duration of Residence in Baltimore. 17 yrs

C 6754

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 5 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 31 1907 to Nov. 24 1907 that I last saw h im alive on Nov. 24 1907 and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia.

(DURATION) 2 DAYS

Contributory (Primary) Chronic Endocarditis (DURATION) 2, DAYS

(Signed) Eugene L. Persagno M.D.

Address St Joseph's Hosp.

Date Nov. 24, 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 25 1907 ✓ 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

26

Ward 11 — Registered No. C 6755

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 Lakewood Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Female Hanauer

{Residence, if in Baltimore, Give Street and Number.} 113 Lakewood av

Duration of Residence in Baltimore. Life

C 6755

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 27 1906

AGE: 1 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George Hanauer

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Theresa Newkirk

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Hanauer.

(Address) 113 Lakewood av

Filed 11/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Nov 27 1907

that I last saw h[illegible] alive on Nov 27 1907

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) A. J. Valentine M.D.

Address 16 S Broadway

Date Nov 29 1907

Place of Burial Loudon Park

Date Nov 26 1907

Undertaker E. K. Fanning

Address 1938 E Lafayette av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Peach Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Viola Hawkins

{Residence, if in Baltimore, Give Street and Number.} 1013 Peach Alley

Duration of Residence in Baltimore. Life

C 6756

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH July 25, 1898 ~~1888~~

AGE 9 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER David Hawkins

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Frances Carr

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Hawkins father

(Address) 1013 Peach Alley

Filed 11/26 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25 1907

I HEREBY CERTIFY, That I attended deceased from ~~November~~ 1907 to November 1907

that I last saw h alive on November 25 1907 7.30

and that death occurred, on the date stated above, at 7.30 P.M.

CAUSE OF DEATH (Secondary or Immediate) Acute Indigestion

Gastritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo M Kinnard M.D.

Coroner

Address

Date November 25 1907

Place of Burial Mt Auburn Cemetery

Date Nov 27 1907

Undertaker Geo H Hooper

Address 619 Lisbon Point

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 905 Peach alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Cornish

{ Residence, if in Baltimore, Give Street and Number. } 905 Peach alley

Duration of Residence in Baltimore... 30 yrs

C. 6757

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ... 1...

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Solmond Cornish

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Birdie Cornish

(Address) 905 Peach alley

Filed 11/26 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Nov 23 1907 that I last saw h[im] alive on Nov 23 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ... DAYS

Contributory (Primary.) Myocarditis

(DURATION) (?) DAYS

(Signed) H S McCaard M.D.

Address 2005 O'Donnell ave

Date 11/25 1907

Place of Burial Mt Auburn Cemetery

Date Nov 26 1907

Undertaker Geo H Hooper

Address 604 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1907 Eastern Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Schreiber

{Residence, if in Baltimore, Give Street and Number.} 1907 Eastern Ave

Duration of Residence in Baltimore.. 40 years. C.6756

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs P. Nicolaus

(Address) 1820 Canton Ave

Filed 11/26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1- 1907 to Nov 23 1907

that I last saw h alive on Nov 22 1907

and that death occurred, on the date stated above, at 5 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonr.

(DURATION) 84 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) G. L. Blades M.D.

Address 143 N Biray

Date Nov 24- 1907

Place of Burial Mount Carmel

Date Nov 27th 1907

Undertaker P Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6759

City of Baltimore, (No. 105 N. Milton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John E. Hoffs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 10th (Month) (Day) 1859 (Year)

AGE: 48 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Philip Hoffs

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kunguda Behrn

BIRTHPLACE OF MOTHER (State or country): German

OCCUPATION OF DECEASED: Mantle Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Hoffs

(Address) 105 N. Melon Ave

Filed 11/26 1907

HENRY S. ADKINS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17th 1907, to Nov 25th 1907 that I last saw him alive on Nov 24th 1907, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Cerebral Congestion

(DURATION) 8 DAYS

Contributory Alcoholism

(DURATION) DAYS

(Signed) Abr. Sherfey M. D.

11-25-1907 (Address) 25 N. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel

DATE OF BURIAL: Nov 27 1907

UNDERTAKER: H. Sander & Sons

ADDRESS: 1710 Eastern

WM. J. C. DULANY CO., BALTIMORE

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C. 6760

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frantizek Stanisecki

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Ermissard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher Co.

(Address) 5 S. Gay St

Filed 11/26/07 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 190 to Nov 190

that I last saw h alive on 190;

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N Caroline at Coroner

Date Nov. 26 1907

Place of Burial 1st Evangelical Lem

Date Nov. 26th 1907

Undertaker H. Snyder Sons

Address 1710 Canton Ave

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

Ward .....

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 401 Waverly Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Robinson

C 67761

{Residence, if in Baltimore, Give Street and Number.} 401 Waverly Ave

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: July 3 1841

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltis

FULL NAME OF FATHER: John H Shea

BIRTHPLACE OF FATHER (State or country): County Cork

MAIDEN NAME OF MOTHER: Mary O'Leary

BIRTHPLACE OF MOTHER (State or country): County Cork

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Winton Cunningham

(Address) 401 Waverly Ave

Filed 11/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 - 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Nov. 25 1907

that I last saw h-- alive on Nov-25- 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or immediate.)

Paralysis

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 919 Gorsuch Ave

Date Nov-25- 1907

Place of Burial New Cathedral cem

Date Nov 27 1907

Undertaker Robt. Brookes

Address 17 S. Calhoun st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

181

(Place of Death.) No. 1307 W. Pratt St. Lombard

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura C. Hill

{Residence, if in Baltimore, Give Street and Number.} 1307 W. Pratt st

Duration of Residence in Baltimore. Life

C 6762

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W.
DATE OF BIRTH	1
AGE	years, months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Chas C. Hill
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Annie Gardner
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Fields

(Address) 1200 W. Lombard

Filed 11/26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Nov 23 1907

that I last saw h-- alive on Nov 23 1907

and that death occurred, on the date stated above, at ----

11. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Lobar

(DURATION) 1 DAYS

Con'tributory (Primary.) Hemorrhage

(DURATION) DAYS

(Signed) John C. Conrad M.D.

Address 1302 W Lombard st

Date Nov 23 1907

Place of Burial St. Peters

Date Nov 26th 1907

Undertaker John L Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 N. Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Charvat

{ Residence, if in Baltimore, Give Street and Number. } 124 N. Park St.

Duration of Residence in Baltimore. 35

C 67762

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec, 1859

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: John Charvat

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Annie Dusek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Charvat

(Address) 124 N. Park St

Filed 11/26 1907 HARRY C. ANDREWS, CAPNIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Nov 24 1907

that I last saw h[e] in alive on N. 24 1907

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate

Cancer of stomach

6 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas C. Hearn M.D.

Address 154 Madison Ave

Date Nov 24 1907

Place of Burial Holy Redeemer

Date Nov 27/07 1907

Undertaker Lowe Lock

Address 1002 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1030 N. ~~Wolf~~ Wadsworth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie M. Moore

{ Residence, if in Baltimore, Give Street and Number. } 1030 N. Woolf St

Duration of Residence in Baltimore Life

C. 47764

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colute

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John M. Moore

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Harriman

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bessie Smith

(Address) 1030 N. Woolf St

Filed 11/26 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Nov 23 1907

that I last saw h[illegible] alive on Nov 23 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

Exhaustion (DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Geo. F. Young M.D

Address 1735 N. Broadway

Date Nov. 24 1907

Place of Burial Baltimore Cem

Date Nov 27 1907

Undertaker Woolford

Address 1502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12 0

CERTIFICATE OF DEATH.

Registered No. B C 6765

City of Baltimore, (No. 1711 Druid Hill Ave St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Pflaumbaum

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	64 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	~
BIRTHPLACE OF FATHER (State or country)	~
MAIDEN NAME OF MOTHER	~
BIRTHPLACE OF MOTHER (State or country)	~
OCCUPATION OF DECEASED	Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M C Pflaumbaum

(Address) 1711 Druid Hill

Filed 11/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Nov 25th 1907 that I last saw h[illegible] alive on Nov 21 1907, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Heart Failure

(DURATION) DAYS

Contributory Arteriosclerosis, Chronic Int. Nephritis & Chr. Bronchitis (DURATION) 4 Months

(Signed) M Casaurs M. D.

Nov 25 1907 (Address) 1603 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Hebrew Cy	Nov 27 1907
UNDERTAKER	ADDRESS
Dan'l Sondheim	[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 1619 N. Eden St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary M Byrnes

{Residence, if in Baltimore, Give Street and Number.} 1619 N. Eden St.

Duration of Residence in Baltimore. Life C 67760

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 25 1856

AGE 47 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Paul Dunn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margt Hennebery

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1619 N. Eden St.

Filed 11/26 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Nov 24 1907

that I last saw h— alive on Nov 24 1907

and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pyo - Pneumothorax

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Byrnes M.D.

Address 1237 Eutaw

Date Nov 26 1907

Place of Burial Cathedral

Date Nov. 27. 1907

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate as hereinafter set forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

C 6767

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 E. Madison St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Samuel A Gothard

{Residence, if in Baltimore, Give Street and Number.} 802 E. Madison St

Duration of Residence in Baltimore. Life C 6767

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 27 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Gothard

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Hopkins

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 802 E. Madison St

Filed 11/26 1907

MARY C. [illegible], PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13th 1907 to Nov 24th 1907

that I last saw him alive on Nov 23rd 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Epilepsia

(DURATION) DAYS

Contributory (Primary.) Double Pneumonia (DURATION) 15 DAYS

(Signed) [illegible] M.D.

Address 809 N Charles St

Date Nov 25th 1907

Place of Burial Holy Cross

Date Nov. 29.

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Leo Spalding

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 6768

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Feb: 18th 1843

AGE: 64 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Emmitsburgh Md.

FULL NAME OF FATHER: George Spalding

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Letter Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 11/26 1907 HARRY C. ANDREWS, PERMIT CLERK - Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov: 25th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on Nov 20 1907

and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 8 DAYS

Con'tributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A Warner M.D.

Address 1133 Valley st

Date Nov 25 1907

Place of Burial Emitsburg Md

Date Nov 27" 1907

Undertaker H C Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Madison St (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reynard C Dennis

{ Residence, if in Baltimore, Give Street and Number. } 715 Madison St

Duration of Residence in Baltimore. Life

C 07769

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Oct. 29th 1905

AGE 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Francis A. Dennis

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Margaret E. Anderson

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marg't E. Dennis

(Address) 715 Madison St

Filed 11/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Nov 25 1907

that I last saw h[illegible] alive on Nov 25 1907

and that death occurred, on the date stated above, at 7:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 15 DAYS

Contributory (Primary.) Asphyxiation

(DURATION) 1 DAYS

(Signed) H. V. Brown M.D.

Address 463 Grand Ave

Date 190

Place of Burial St. Marys Ellicott

Date Nov. 27 1907

Undertaker Horace Burgee

Address 2681 Falls Road

WM. J. C. DULANY CO., BALTIMORE

C 6770

15

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fair

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 6770

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Nov. 10th 1907

AGE: ..... years, ... months, 40 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vin. Inf. Asy.

(Address)

Filed 11/26 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12th 1907 to Nov 24th 1907

that I last saw h— alive on " 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Finlen M.D.

Address 9 E. Biddle St.

Date Nov 26th 1907

Place of Burial New Cathedral

Date November 26 1907

Undertaker Martin Pahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1t Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Boylan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C.6771

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: W.
DATE OF BIRTH: Oct 11th 1907	
AGE: ..... years, ... months, 40 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or couutry): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 11/26 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 24th 1907 that I last saw h.. alive on " 1907, and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate)

congenital Debility

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9-6. Biddle St

Date Nov 25-07

Place of Burial New Cathedral

Date November 26 1907

Undertaker Martin Fahey Son

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Halpin

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 6772

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: Sept 15-th 1907	
AGE: ..... years, ... months, 69 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] Vin. Infant Asylum

(Address)

Filed 11/26 1907 [illegible] C. ANDREWS, CHIEF CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24-th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 24 1907 that I last saw h[illegible] alive on " 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 69 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Fisher M.D.

Address 7.6. Biddle St.

Date Nov 25-th 1907

Place of Burial New Cathedral

Date November 26 1907

Undertaker [redacted] Martin Kavanaugh Son

Address 6[redacted] Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 6 Register No. 120

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Ittner

{Residence, if in Baltimore, Give Street and Number.} 1741 Duncan Alley.

Duration of Residence in Baltimore. ?

C. 6773

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 28 1863

AGE: 44 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Walter Ittner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Welsh

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph Ittner

(Address) 1741 Duncan Alley

Filed 11/26 1907 ROBERT C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24 1907 to Nov 25 1907

that I last saw her alive on Nov 24 1907

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Uraemia - Cardiac Dilatation (DURATION) 2 DAYS

(Signed) Eugene L. Pinaqua M.D.

Address St Joseph's Hospital

Date Nov. 25 1907

Place of Burial Loudon Park

Date Nov 28 1907

Undertaker Robt J. Turnbull

Address 1742 Broadway

WM. J. C. DULANY CO., BALTIMORE

Ward .....

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 3006 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth C. Duvall

{Residence, if in Baltimore, Give Street and Number.} 3006 Cedar Ave

Duration of Residence in Baltimore. Life

C 6 7774

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April — 1827

AGE 80 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER [redacted]

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin F. Duvall

(Address) 3606 Cedar Ave

Filed 11/26 1907 HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25-4h 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Nov 25- 1907

that I last saw her alive on Nov 15- 1907,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility of Age

Asthenia + Collapse

(DURATION) DAYS

Con'tributory (Primary.) Paralysis about —

2 yrs ago (DURATION) DAYS

(Signed) Wm. H. Fooderaucr M.D.

Address 808 1st Ave

Date Nov 25. 4h 1907

Place of Burial Mt Olivet

Date Nov 27th 1907

Undertaker W E Chenowith & Son

Address 919 Third Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 47 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jeteson Montague

Residence, if in Baltimore, Give Street and Number. 47 W. West St.

Duration of Residence in Baltimore. Life

C. 67775

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: October 7, 1906

AGE: 1 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: Walter Montague

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Bailey

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Montague Father

(Address) 47 W. West St

Filed 11/26 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 24 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary) ...

(DURATION) DAYS

(Signed) Ste W Townsend M.D.
Coroner

Address ...

Date Nov 26 1907

Place of Burial Mt Auburn Cem

Date Nov 26 1907

Undertaker G. L. Brown & Son

Address 108 N Monlyomery St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 623 S Ann st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florentyna Lorek

{ Residence, if in Baltimore, Give Street and Number. } # 623 S. Ann St

Duration of Residence in Baltimore. Life

C 6776

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 3 1906

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Szczepan Lorek

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Henry Armiling

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Lorek

(Address) 623 S Ann st

Filed 11/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH november 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1907 to Nov. 25 1907

that I last saw her alive on Nov. 24 1907,

and that death occurred, on the date stated above, at 2½ a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Aliceanna St

Date Nov. 26 1907

Place of Burial St Stanislaus

Date Nove 26 1907

Undertaker Jos Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. BC 6777

City of Baltimore, (No. 815, N Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John L Snyder -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 13th 1847 (Month) (Day) (Year)

AGE: 60 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ccty

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary J Snyder

(Address) 815 N Mulberry St

Filed 11/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 25th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 24 1907 that I last saw him alive on Nov 24 1907, and that death occurred, on the date stated above, at 3 a m. The CAUSE OF DEATH was as follows:

Carcinoma, Stomach,

over a year (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. P. Morgan M. D.

Nov 25 1907 (Address) 315 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	11/28 1907
UNDERTAKER	ADDRESS
Wm J Schilling	9 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 620½ George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Dorsey

Residence, if in Baltimore, Give Street and Number. 620½ George St

Duration of Residence in Baltimore. Lifetime (6778)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed

DATE OF BIRTH 1

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER C. H. Weems

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rebecca Oliver

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr C. H. Weems

(Address) 846 N. Howard St.

Filed 11/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24 — 1907

I HEREBY CERTIFY, That I attended deceased from Sep 14 — 1907 to Nov 24 — 1907

that I last saw h— alive on Nov 24 — 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

about (DURATION) 20 DAYS

Contributory (Primary) Carcinoma Left Breast

about (DURATION) 2 yrs

(Signed) W. Harris M.D.

Address 1344 Druid Hill Ave

Date Nov 26 1907

Place of Burial Laurel Cemetery

Date Nov. 27 1907

Undertaker Alex Hunckley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1112 N. Eden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Mantz

{ Residence, if in Baltimore, Give Street and Number. } 1112 N. Eden St.

Duration of Residence in Baltimore. 57 years

D6179

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Conrad Mantz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): .. ..

OCCUPATION OF DECEASED: Mattress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Mantz

(Address) 1112 N. Eden St.

Filed 1/27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 25th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1907 to Nov 25th 1907

that I last saw h[illegible] alive on Nov 25th 1907, 12 P. M.

and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate.)

Valvular Dis of Heart (DURATION) 10 Months

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Schroer M.D.

Address 1501 E Eager St

Date Nov 26 1907

Place of Burial Holy Redeemer Cemetery

Date November 29 1907

Undertaker Henry Stoeckhert

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, [illegible]

Ward 1 C 6780 Registered No. B C 6780

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1039 Sunset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Schmitt

{Residence, if in Baltimore, Give Street and Number.} 1039 Sunset St.

Duration of Residence in Baltimore. Life C.6780

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dec 26th. 1906

AGE ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Lewis Schmitt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Kasbrag

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Schmitt

(Address) 1039 Sunset St.

Filed 11/27 1907 HENRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15 - 1907 to Nov. 26 - 1907 that I last saw her alive on Nov. 24 - 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

General tuberculosis

(DURATION) 30 DAYS

Contributory (Primary.) General eczema

Six months (DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date November 27 - 1907

Place of Burial Holy Redeemer

Date November 28 1907

Undertaker Henry. Hoch & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, condition** (whether married or single) deceased, and the **cause and date of death.**

93
C 6781

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 E Hughes St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Hamberg

{ Residence, if in Baltimore, Give Street and Number. } 111 E Hughes St

Duration of Residence in Baltimore. 2 yrs 6 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ....1....

AGE 34 years, ...months, ...days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Hamberg

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Donohue

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Hamberg

(Address) 111 E Hughes St

Filed 11/27 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1907 to Nov 26th 1907

that I last saw him alive on Nov 25th 1907,

and that death occurred, on the date stated above, at 7 3/4 M. CAUSE OF DEATH (Secondary or Immediate)

Double Lobar Pneumonia

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J O Donnell M.D.

Address 1340 Charles St

Date Nov 26th 1907

Place of Burial New Cathedral

Date Nov 28th 1907

Undertaker John F Coogan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Dr C Donnell Woodberry

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.C. 6782

City of Baltimore, (No. 2219 W. Lexington St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick P. Ernest

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 13 (Month) 1907 (Day) (Year)

AGE: ..... years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Herman Knust

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ellen Harris

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Knust

(Address) 2219 W Lexington St

Filed 11/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Nov 26 1907

that I last saw h— alive on Nov 27 1907,

and that death occurred, on the date stated above, at 3

a M. The CAUSE OF DEATH was as follows:

Acute Congestion Lungs

(DURATION) 9 DAYS

Contributory Pneumonia

(DURATION) 24 DAYS

(Signed) Joseph Stark M.D.

Nov 26 1907 (Address) 1907 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Nov 27 1907

UNDERTAKER: Mrs. Geo. P. Perine

ADDRESS: 201 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

C 6783

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 3103. Humington ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E Smith

{ Residence, if in Baltimore, Give Street and Number. } 3103 Humington ave

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 24 1907

AGE — years, — months 2 days days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John T Smith

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary E Garrity

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Smith

(Address) 3103 Humington ave

Filed 11/27 1907

~~HARRY C. ANDREWS,~~ ~~PERMIT CLERK.~~ Registrar

11/27/07

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24 1907 to Nov 26 1907

that I last saw her alive on 26 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

Still Smithwood (DURATION) 2 DAYS

Contributory (Primary.) Coroner (DURATION) DAYS

(Signed) Lillian C Krout M.D.

Address 818 First ave

Date Nov 26 1907

Place of Burial St Marys Hampden

Date Nov 27 1907

Undertaker W E & Lenworth & Son

Address 919 3rd Ave Hampden

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 Riverside Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard H Fortman

{Residence, if in Baltimore, Give Street and Number.} 1210 Riverside Ave

Duration of Residence in Baltimore. Life

C 6784

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 12. 1906

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Bernard Fortman

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary M. Walters

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fortman. (Mother)

(Address) 1210 Riverside Ave

Filed 11/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24 1907 to Nov 24 1907

that I last saw him alive on Nov 24 1907

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

18 hrs (DURATION) DAYS

Con'tributory (Primary.) Paralysis of heart & Respiration (DURATION) Instantaneous

(Signed) E. D. Ellis M.D.

Address 915 Light St

Date Nov 25 1907

Place of Burial Holy Cross

Date Nov. 27 1907

Undertaker E. T. Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 811 Scott St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Poulton

{ Residence, if in Baltimore, Give Street and Number. } 811 Scott

Duration of Residence in Baltimore. Life C 6785

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: about 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos. Poulty

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Asquith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Pratt

(Address) 811 Scott St

Filed 11/27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1907

I HEREBY CERTIFY, That I attended deceased from September 1907 to Nov. 26 1907

that I last saw her alive on Nov. 25 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. LaFayette

Date Nov. 27. 1907

Place of Burial Mt Olivet Cem

Date Nov 28 1907

Undertaker W J Pentz & Son

Address Lanvale & Howard Sts

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 6786 65

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 N. Parish alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Isaiah Parker

{ Residence, if in Baltimore, Give Street and Number. } 500 N. Parish alley

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1838 D

AGE 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Ruben Parker

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Carr Stell

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Parker

(Address) 500 N. Parish

Filed 11/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Nov 24 1907 that I last saw h in alive on Nov 24 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Softening of Brain (DURATION) 6 mos.

Contributory (Primary.) Paralysis (DURATION) 2 DAYS

(Signed) J. W. Slater M.D.

Address 1703 N. Dayton St

Date Nov. 25 1907

Place of Burial Mt Auburn

Date Nov 27 1907

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

I. (
(B.
1. Typhoid
2. Exanth
3. Relaps
4. Malaria
5. Smallpx
6. Measles
7. Scarlet
8. Whoop
9. { Diphi
{ Croup
10. Influen
11. Miliary
12. Asiatic
13. Cholera
14. Dysent
15. Plague
16. Yellow
17. Leprosy
18. Erysipe
19. Other c
20. Septice
21. Glande
22. Malign
23. Rabies
24. Actino
25. Pellagr
27. Tuberc
28. Tuberc
29. Abdom
30. Pott's
31. Tuberc
32. White
33. Tuberc
34. Genera
35. Scrofu
36. Syphili
37. Gonor
38. Gonor
39. Cancer
40. Cancer
41. Cancer
42. Cancer
43. Cancer
44. Cancer
45. Cancer
46. Tumor
47. Acute
48. Chroni
49. Scurvy
50. Diabet
51. Exoph
52. Addis
53. Leuke
54. Anemi
55. Alcoh
57. Lead P
58. Other
59. Other
60. Other
II. Di
60. Encep
61. Menin
62. Locom
63. Other
64. Apopl
65. Soften
66. Paral
67. Genet
68. Other
69. Epilep
70. Convu
71. Convu
72. Tetan
73. Chore
Balto. Times Union Print

GENERAL AFFIDAYIT,

State of Maryland, Baltimore, City to Wit;

BE IT REMEMBRED : That on this 14th Day of January

AD 190 8 before the subscriber a Justice of the Peace

of the said State in and for the city aforesaid personally appeared

A. F Kerr M. D.

and made oath in due form of law that, he signed the certificate of Death in the name of Anna Peltz, and further states he attended her during her last illness and that she was the Wife of Israel Peltz and known as Hinde Peltz on her hebrew name

Dan'l Lab D.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6787

City of Baltimore, (No. 919 E. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hinde Anna Peltz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femail | COLOR: white

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Moses Hax

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Shifa Shliam

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Brown

(Address) 1504 E Pratt St.

Filed 1/27 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 27th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Nov. 27th 1907 that I last saw h[er] alive on Nov. 26th 1907, and that death occurred, on the date stated above, at 5.30 a.m. The CAUSE OF DEATH was as follows:

Carcinoma of the Liver, Gall Bladder, Stomach & Duodenum (DURATION) about 12 to 18 mos. DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. F. Rice M. D.

Nov 27th 1907 (Address) 213 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rosedale Cemetery

DATE OF BURIAL: Nov 27 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married, single) of the person deceased, and the cause and date of death.

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 160 W. Hoad St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis H Gerhardt

{Residence, if in Baltimore, Give Street and Number.} 160 W. Hoad

Durqtion of Residence in Baltimore. Lifetime C. 6788

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 24th 1866

AGE: 41 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Valentine Gerhardt

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Amenda Wickman

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amenda Gerhardt.

(Address) 160 W. Hoad St

Filed 11/27/190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 190

I HEREBY CERTIFY, That I attended deceased from Jan 1 190 to Nov 26 190

that I last saw him alive on Nov 25 190

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia Nephritis

1 month (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 831 Lytle

Date Nov 26 190

Place of Burial Cedar Hill Cem

Date Nov 28th 190

Undertaker E Schlosman Son

Address 1029 Hanover

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William B. Thornton

C. 60789

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept., 16, 1860

AGE 47 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Thomas Thornton

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mary E. Taylor

BIRTHPLACE OF MOTHER (State or country) Baltimde, Md.

OCCUPATION OF DECEASED Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Minnie E. Thornton

(Address) 700 E. Preston St.

Filed 11/27 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 to Nov 24 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion, following Syphilis,

Death Sudden.

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) J. D. Lehbert M.D.
Coroner

Address 711 W. Lanvale St

Date Nov 24th 1907

Place of Burial Greenmount Cemetery

Date November 27, 1907

Undertaker Henry W. Means & Son

Address 1805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 6790

City of Baltimore, (No. 2138 Walbrook Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Slonaker.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Sept 29 1901 (Month) (Day) (Year)

AGE: 6 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Joseph Slonaker

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary A. Roelke

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Slonaker

(Address) 2138 Walbrook Ave.

Filed 11/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Nov 26 1907 that I last saw him alive on " 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Diphtheria

about (DURATION) 3½ DAYS

Contributory ~~~~~

(DURATION) DAYS

(Signed) Chas C. Conser M. D.

Nov. 27 1907 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet Md. DATE OF BURIAL: Nov 28 1907

UNDERTAKER: Lowe Cook ADDRESS: 502 E. Hoff Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2608. Frances St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen White.

C.6291

{ *Residence, if in Baltimore, Give Street and Number.* } 2608 Frances St

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Foyer Champion

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm White.

(Address) 2608 Frances St

Filed 11/27 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Nov 25 1907

that I last saw h[illegible] alive on Nov 25 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Had any attack of cystitis (DURATION) 4 DAYS

(Signed) John A Evans M.D.

Address 101 N. Carey St.

Date Nov 26. 1907

Place of Burial Baltimore Cem

Date Nov 28 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

Ward ....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Joseph's Hospital — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Walton alias John Walton Carew.

{ Residence, if in Baltimore, Give Street and Number. } Norfolk, Va

Duration of Residence in Baltimore. 2 days

C. 6792

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1856

AGE ..... 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene L Paravagna

(Address) St Joseph's Hospital

Filed 11/27/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Nov. 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Nov 25 1907

that I last saw him alive on Nov 24 1907

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysuria

(DURATION) 5 DAYS

Contributory (Primary.) Uraemia - Hemiplegia

(DURATION) 2 DAYS

(Signed) Eugene L. Paravagna M.D.

Address St Joseph's Hosp.

Date Nov. 25, 1907

Place of Burial Mt Carmel Cem

Date Nov - 28th. 1907

Undertaker Wm M. Gawthrop

Address Keith & Lauderdale

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 S. Bimney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Stenzy

{Residence, if in Baltimore, Give Street and Number.} 1019 S Bimney st

Duration of Residence in Baltimore. Life C6793

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Lugost Stenzy

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Rosa Ratajcak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lugost Stenzy

(Address) 1019 S Bimney St

Filed 11/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Nov 26 1907

that I last saw him alive on ..... 190....,

and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Disease of the heart — (DURATION) 12 hours DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. V. Ellery M.D.

Address 2 Hudson et Sax.

Date Nov. 27th 1907

Place of Burial St Stanislaus

Date Nov 27 1907

Undertaker M. F. Sadowski

Address 703 S Linn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 55 E. Randall pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Hann

{ Residence, if in Baltimore, Give Street and Number. } 55 E Randall pl. C.6794

Duration of Residence in Baltimore. abt 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH: August 7th 1870

AGE: 37 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Glascow Scotland

FULL NAME OF FATHER: — Arnold

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma G Hann

(Address) 55 E. Randall st

Filed 11/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 25th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1907 1 h.m. to Nov 25 1907 9 h.m.

that I last saw h.. alive on Nov. 25 1907, and that death occurred, on the date stated above, at 7.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 24 hours DAYS

Contributory (Primary.) Fibroid Phthisis

(DURATION) abt 7 yrs. YEARS

(Signed) Robt. P. P. Lehnidt M.D.

Address 1318 N. Charles st

Date Nov. 27th 1907

Place of Burial Loudon Park

Date November 28 1907

Undertaker Dehn & Ehrmantraut

Address 1438 N Charles st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1504 Division St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eleanor A. Jamison

{ Residence, if in Baltimore, Give Street and Number. } 1504 Division St

Duration of Residence in Baltimore. life

C. 6795

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 27th 1827

AGE 80 years, 1 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Richard Croxall

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Deborah Gittings

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Kate Jamison

(Address) 1504 Division St

Filed 11/27/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Nov 26 1907

that I last saw h.. alive on Nov 25 1907,

and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

(DURATION) 1 DAYS

Con'tributory (Primary.) Senility

Heart (DURATION) 8 DAYS

(Signed) C Hutchinson M.D.

Address Personal

Date Nov 27/07 1907

Place of Burial New Cathedral

Date Nov 29th 1907

Undertaker G.F. Walker

Address 723 W Laf. ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6796

Registered No. B .....

City of Baltimore, (No. 32 E. 25th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna M Burk

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 1st 1841
(Month) (Day) (Year)

AGE 66 years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Levy Wintrode

BIRTHPLACE OF FATHER (State or country) Penna.

MAIDEN NAME OF MOTHER Maria Frick

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M Burk

(Address) 32 E 25th St

Filed 11 27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany. 1st 1904 to Nov. 25th 1907 that I last saw h[er] alive on Nov. 25th 1907, and that death occurred, on the date stated above, at 2.55 a. M. The CAUSE OF DEATH was as follows:

Chronic Interstit. Nephritis

(DURATION) 3 years DAYS

Contributory Uremia.

(DURATION) 4 DAYS

(Signed) Reuben F. Steelman M. D.

Nov. 26 1907 (Address) 1304 N Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Arcadia Md | DATE OF BURIAL 11-28 1907

UNDERTAKER G. F. Walker | ADDRESS 723 W Lafay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6797

City of Baltimore, (No. 30 Stafford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lee Macken

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug: (Month) 12 (Day) 1891 (Year)

AGE 14 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John L. Macken

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Annie E. Bryant

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Macken

(Address) 30 Stafford St.

Filed 11/27 190 7

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 27 1907 that I last saw h alive on Nov 26 1907, and that death occurred, on the date stated above, at 5 a m. The CAUSE OF DEATH was as follows:

Typhoid - Pneumonia

(DURATION) 8 DAYS

Contributory Heart failure

(DURATION) 2 DAYS

(Signed) Register Dill M. D.

Nov 27 1907 (Address) 833 at Fredk St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Nov: 29 1907

UNDERTAKER C. W. Dill

ADDRESS 810 Fredk: ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Penna Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A Garnitz

{ Residence, if in Baltimore, Give Street and Number. } 1523 Penna Ave

C U 798

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	May 22nd 1833
AGE	74 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Andrew Garnitz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Margaret Baes
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Child

(Address) 1523 Penna Ave

Filed 11/27 1907

HENRY O. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26th 1907

I HEREBY CERTIFY, That I attended deceased from May 13th 1907 to November 26th 1907 that I last saw him alive on November 25th 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

Eight Months (DURATION) DAYS

Contributory (Primary.)

Prostration (DURATION) 21 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St

Date Nov 26th 1907

Place of Burial Holy Redeemer

Date Nov 28 1907

Undertaker M. Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1159 Cleveland St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Sheehan

{ Residence, if in Baltimore, Give Street and Number. } 1159 Cleveland St

Duration of Residence in Baltimore.

P. 6799

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R J Manton

(Address) 1002 W Lafayette Ave.

Filed 11/27 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1907

I HEREBY CERTIFY, That I attended deceased from several years 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Senility due to old age.

several years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Richard J Manton M.D.

Address 1002 W Lafayette Ave

Date Nov 26. 1907

Place of Burial Mem Cathedral

Date Nov 29th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Pratt at + Market Space St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael J. Nola

{Residence, if in Baltimore, Give Street and Number.} 700 E. Pratt at

Duration of Residence in Baltimore. Lot known

C. 6600

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 40 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/27 190 7 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 190 7

I HEREBY CERTIFY, That I attended deceased from Nov 19 190 to Nov 22 190 7

that I last saw h alive on — 190 —,

and that death occurred, on the date stated above, at 11-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Stephens M.D.

Address 1216 N. Caroline st.

Date Nov 26. 1907

Place of Burial St. Peters Cem.

Date Nov 29th 1907

Undertaker M. Foley & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.C. 6801

City of Baltimore, (No. 910, Lemmon St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adolph Brude

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 20 (Day) 1861 (Year)

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltic

FULL NAME OF FATHER: Gustave Brude

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lay Pentleman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Sign Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Brude

(Address) 1840 N. Wolfe

Filed 11/27 1907

HARRY C. AHLERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to Oct 28 1907

that I last saw him alive on Oct 28 1907,

and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Chronic Atrophic Nephritis

(DURATION) 9 months

Contributory .....

(DURATION) ..... DAYS

(Signed) Benj. F. Phillips M.D.

Nov 27 1907 (Address) 929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	11-28 1907
UNDERTAKER	ADDRESS
Robt Burtsen	2024 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Henrietta Hart.

{Residence, if in Baltimore, Give Street and Number.} #531 N. Milton ave.

Duration of Residence in Baltimore. one year. 6807

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: ~~Nov 27 1907~~ g.a.m.

AGE: 28 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): South Carolina.

FULL NAME OF FATHER: Deceased

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Bertha Frank

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bertha Salzmann

(Address) Florence S.C.

Filed 11/27/1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27. 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to 10.30 a.m. 11/27 1907

that I last saw ~~her~~ alive on Nov 27 1907

and that death occurred, on the date stated above, at 10.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia.

(DURATION) 8/12 DAYS

Contributory (Primary) Toxemia of Pregnancy. (DURATION) ~~DAYS~~

(Signed) H. H. Eakin M.D.

Address City Hospital

Date 190

Place of Burial Florence S.C.

Date Nov 29th 1907

Undertaker Hart & Lonebein

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. N. o C. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis R. Lynk

{ Residence, if in Baltimore, Give Street and Number. } —

C. 6803

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct - 12 - 1907

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): . .

MAIDEN NAME OF MOTHER: . .

BIRTHPLACE OF MOTHER (State or country): . .

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) N. o C. H.

Filed 11/28" 1907 BAILEY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov - 27 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1907 to Nov 27 1907 that I last saw h~~im~~ alive on Nov 26 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) John Rehrich M.D.

Address 834 N. Eutaw St

Date Nov 27 - 1907 1907

Place of Burial Bonnie Brae

Date Nov 28 1907 190

Undertaker Mrs C Priesterauer

Address Catonsville

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 6804

Registered No. B

City of Baltimore, (No. 2005 North Payson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Allender.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Sept 26 1907
AGE	..... years, 2 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm Allender
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Lena Uhler
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Allender

(Address) 2005 N Payson st

Filed 11/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Nov 27 1907

that I last saw h im alive on Nov 26 1907,

and that death occurred, on the date stated above, at ..... A.M. The CAUSE OF DEATH was as follows:

Ty Toxaemia

(DURATION) 3 DAYS

Contributory Erysipelas

(DURATION) 14 DAYS

(Signed) Howard Kahn M. D.

Nov 27 1907 (Address) 20 27 N Payson St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bell Grove Cemetery Reisterstown Balto Co Md	Nov 28 1907
UNDERTAKER	ADDRESS
E. D. Selby & Co	Reisterstown Balto. Co., Md.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under hi ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 742 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alvin Slow

{Residence, if in Baltimore, Give Street and Number.} 742 Bradley St.

Duration of Residence in Baltimore..... Life time C.C.805

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Oct 27th 1907	
AGE: — years, 1 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Walter Slow.	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Bertha White	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Slow.

(Address) 742 Bradley St

Filed 11/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26th 1907.

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1907 to Nov 26th 1907.

that I last saw him alive on Nov 26 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis (DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edward E Kachmann M.D.

Address 1305 N. North Ave.

Date Dath Nov 27th 1907

Place of Burial Druid Ridge

Date Nov 28 1907

Undertaker John H Owens' Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 Jenkins alley, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicholas Swan.

{Residence, if in Baltimore, Give Street and Number.} 1124 Jenkins alley.

Duration of Residence in Baltimore. Life C 6806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard.

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Lars Swan

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Fannie Brown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Swan

(Address) 1126 Jenkins Alley

Filed 11/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1907 to Nov. 26 1907 that I last saw h[im] alive on Nov. 26 1907, and that death occurred, on the date stated above, at 6:30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

~~Uraemia~~

Pneumonia,

(DURATION) 6 DAYS

Contributory (Primary.) Mitral Regurgitation

Two Years (DURATION) DAYS

(Signed) W. W. Brown M.D.

Address 1st. General Hosp.

Date Nov. 26, 1907

Place of Burial National Cemetery

Date Nov 28. 1907

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRA... STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 6807

City of Baltimore, (No. 225 N Arch St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hallie Sherwood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: Jan (Month) ..... (Day) 1862 (Year)	
AGE: 45 years, 10 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Mary Thomas
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Sherwood

(Address) 225 N Arch St

Filed 11/28 1907 HENRY C. ANDREWS, DEPUTY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Nov 22 1907 that I last saw h alive on Nov 24 1907, and that death occurred, on the date stated above, at 1150 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 1 Yr DAYS

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) William E Burton M. D.

1907 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 29 1907
UNDERTAKER: R St Elliott	ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH

Ward ..... 308 Registered 30

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Crofoot Crofoot

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. Life C.6808

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 11 1826

AGE: 41 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm H Crofoot

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary A Evans

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Boat Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1907 to Nov. 25 1907 that I last saw h.. alive on Nov 25 1907, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tofemia

(DURATION) ..... DAYS

Contributory (Primary.) Pelv Disease

(DURATION) ..... DAYS

(Signed) Robt. P. Gray M.D.

Address Bay View

Date Nov. 27 1907

Place of Burial London Park

Date Nov. 28 1907

Undertaker Jr B Cook

Address 1003 E Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

BAY VIEW ASYLUM Lamar Hollyday Supt.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C 6809 — Registered No. B C 6809

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 St Peter St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Gustav Lapin

{ Residence, if in Baltimore, Give Street and Number. } 702 St Peter St

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 1876

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Russian Poland

FULL NAME OF FATHER: Fred Lapin

BIRTHPLACE OF FATHER (State or country): Russian

MAIDEN NAME OF MOTHER: Carolina Lapin

BIRTHPLACE OF MOTHER (State or country): Russian

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Fred Lapin

(Address) 702 St Peter St.

Filed 11/28 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25th 1907

I HEREBY CERTIFY, That I attended deceased from June 10th 1907 to Nov 25th 1907 that I last saw him alive on Nov 25th 1907 and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) ? DAYS

Contributory (Primary) Exhaustion (DURATION) 5 DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St.

Date Nov 27th 1907

Place of Burial Trinity Cem

Date Nov 28th 1907

Undertaker H Nicolaus & Son

Address 1821 Easton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6810 Registered No. B C 6810

15 T

CERTIFICATE OF DEATH.

(Place of Death.) No. 1907 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Tyler

{Residence, if in Baltimore, Give Street and Number.} 1907 Mc Henry

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white.

DATE OF BIRTH: Nov. 3 1907

AGE: ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thomas W. Tyler

BIRTHPLACE OF FATHER (State or country): Washington

MAIDEN NAME OF MOTHER: Edna. Culvin

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos W. Tyler

(Address) 1907 Mc Henry St

Filed 11/28 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1907 to Nov 27 1907

that I last saw h[illegible] alive on Nov 27 1907

and that death occurred, on the date stated above, at 2 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

(DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) Herbert C. Blake M.D

Address 1014 N La Fayette

Date Nov. 27. 1907

Place of Burial London Park

Date Nov 28th 1907

Undertaker John L Fields

Address 1200 W. Pratt st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 6811 Registered No. B C 6811

CERTIFICATE OF DEATH.

(Place of Death.) No. Stone Anthony Grove Jr Farmstead Near Edgemoor Del. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest Holdmon

{Residence, if in Baltimore, Give Street and Number.} None

Duration of Residence in Baltimore. Enroute

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Otto M Reinhardt

(Address) Coroner

Filed 11/28 1907

HARRY C. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 4.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D. Coroner

Address ...

Date November 28 1907

Place of Burial Greenbrook Cem

Date NOV 28 1907

Undertaker Martin Fahey & Sons

Address 606 W Lafayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 6812 Registered No. B C 6812

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vincent Palmisano (Palmerini)

{Residence, if in Baltimore, Give Street and Number.} 525 W Lex

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: Oct 28 1907

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Pasquale Palmisano

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Adelina Palmisano

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Palmisano

(Address) 525 W Lex St

Filed 11/28 1907 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Nov 28 1907

that I last saw h alive on Nov 28 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 1 hour DAYS

Contributory (Primary.) Indigestion

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 E Biddle

Date Nov 29 1907

Place of Burial Bonnie Brae Cemetery

Date Nov 28 1907

Undertaker Mrs Andrew Rohde Son

Address 730 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 M C 6813 Registered No. B C 6813

176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1249 Knox Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sallie M Brown

{Residence, if in Baltimore, Give Street and Number.} 1249 Knox Court.

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 17 1876

AGE 31 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Wm E. Ridgely

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER — Sullivan

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Graham (Sister)

(Address) 1900 N Lanvale St

Filed 11/28/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25 1907.

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Laceration of the Brain - Pistol shot wound in the head. (Homicide) (DURATION) ... DAYS

Contributory (Primary) ... (DURATION) ... DAYS

(Signed) Otto Weinhardt M.D. Coroner

Address ...

Date November 28 1907

Place of Burial Sykesville Md.

Date Nov — 28 1907

Undertaker L. Frw McCully

Address 39 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6814 Registered No. 8

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 E. Clement St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Edward Oliver

{Residence, if in Baltimore, Give Street and Number.} 1524 E. Clement St

Duration of Residence in Baltimore. 2 mos 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 22nd 1907

AGE — years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm E. Oliver

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maggie White

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Judson Miller M.D.

(Address) 2029 W. Balto St

Filed 11/28 1907 HARRY C. AMBLER, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Nov 26 1907

that I last saw him alive on Nov 24 1907

and that death occurred, on the date stated above, at 6.35 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 13 DAYS

Contributory (Primary.) Marasmus

(DURATION) 13 DAYS

(Signed) E Judson Miller M.D.

Address 2029 W. Balto St

Date Nov 26 1907

Place of Burial Loudon Park

Date Nov 28 1907

Undertaker Robt J Turner

Address # 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150 1/2

CERTIFICATE OF DEATH.

Registered No. B C 6815

City of Baltimore, (No. 802 N. Gaith a St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Levy Levy

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 18 1907 (Month) (Day) (Year)

AGE — years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jerdstani

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Bertha Bayman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Levi

(Address) 802 N Gaith a

Filed 11/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 18 1907 to Nov 28 1907 that I last saw h Mar alive on Nov 26 1907, and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Patient from cradle

(DURATION) 10 DAYS

Contributory —

(DURATION) DAYS

(Signed) Jos H Mankey M. D.

Nov 28 1907 (Address) 220 E Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Balto Halcraig | DATE OF BURIAL Nov 28 1907

UNDERTAKER Harold Scrattern | ADDRESS 923 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case c ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person d

of Vital Statistics in the City of Baltimore.

shall die in the said city it shall be the duty of ase comes under his notice, to furnish within al, a certificate setting forth, as far as the same rson deceased, and the cause and date of death.

Registered No. B .....

C. 6816

CERTIFICATE OF DEATH.

(Place of Death.) No. 2422 North Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Amelia Foss

{ Residence, if in Baltimore, Give Street and Number. } 2422 North Charles St

Duration of Residence in Baltimore... Life time —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 18/ 1854

AGE 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Valentine Mengert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helena Wolf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Mack Foss Mother

(Address) 2422 N. Chas St

Filed 11/28 1907 HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26th 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to Nov 26 1907 that I last saw h[illegible] alive on Nov 25 1907, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease
Chronic Kidney
Contributory (Primary) Nephritis

(Signed) H. Bodwell M.D.

Address 729 N. Paca Ave

Date Nov 27/ 1907

Place of Burial Loudon Park

Date Nov 28 1907

Undertaker E M Mitchell

Address 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6. C 6817 Registered No. B

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 15 N Dallas St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Hall.

{ Residence, if in Baltimore, Give Street and Number. } 15 N Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Col

DATE OF BIRTH 1877

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles Snader.

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hall.

(Address) 15 N Dallas St.

Filed 11/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Nov 25 1907 that I last saw her alive on Nov 25 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis (Bright's Disease)

Dead. (DURATION) DAYS

Contributory (Primary.) Abscess (DURATION) — DAYS

(Signed) E Heard M.D.

Address 202 Aisquith St

Date Nov 25 1907

Place of Burial Laurel Cem

Date Nov 28th 1907

Undertaker Wm J Gladstone

Address 1421 Hanlick Ave St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6818 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Fairmount Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence C. Knowles

{Residence, if in Baltimore, Give Street and Number.} 1523 Fairmount Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 17th 1865

AGE: 42 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Clarence C. Knowles

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary J. Clarence

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Sign Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pauline L. Knowles

(Address) 1523 Fairmount Place

Filed 11/28 1907 JERRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 26th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inflamation of the brain, following injuries rec'd Oct. 23rd 1907 by falling from scaffold (DURATION) 32 DAYS

Con'tributory (Primary) Accident

(DURATION) ..... DAYS

(Signed) Silas Bascom M.D.

Address 700 Log av. (Comm.)

Date Nov. 27th 1907

Place of Burial Loudon Park

Date Nov 29 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

27 L

(Place of Death.) No. 1611 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Liben Leiben

{ Residence, if in Baltimore, Give Street and Number. } 1611 Clifton Place

Duration of Residence in Baltimore. ...

C-6981

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 5. 1871

AGE 36 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Edward Leiben

BIRTHPLACE OF FATHER (State or country) York Pa.

MAIDEN NAME OF MOTHER Elizabeth Fuss.

BIRTHPLACE OF MOTHER (State or country) Baltimd.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Miller

(Address) 1611 Clifton Place

Filed 11/28 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 L 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Nov 26 L 1907 that I last saw h- alive on Nov 26 L 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J. S. Fischer M.D.

Address 9. E. Biddle St

Date Nov 27 L 1907

Place of Burial Holy Cross Cem

Date Nov 29 1907

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 27 C 6820 Registered No. B C 6820

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1401 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John M. Ford

{ Residence, if in Baltimore, Give Street and Number. } 1401 William St

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	33 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Wash D.C.
FULL NAME OF FATHER	Martin Hford
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Sarah Holan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Cornmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph M Ford

(Address) 1401 W Williams St

Filed 11/28 1907 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1907 to Nov. 28, 1907 that I last saw h-ine alive on Nov. 27, 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 653 Columbia Ave.

Date Nov. 28, 1907

Place of Burial Washington D.C.

Date Nov 29/07 190

Undertaker Wm Cook

Address 50 E. Hamilton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C. 6821 Registered No. B C 6821

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 Hollins Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lehman Friedman

{Residence, if in Baltimore, Give Street and Number.} 1117 Hollins Street.

Duration of Residence in Baltimore. dec life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 20 1906

AGE 1 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Harry Friedman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Esther Shortzman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Shoe maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Hyman

(Address) 118 Abernant st

Filed 11/28 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Nov 27 1907

that I last saw h in alive on Nov 27 1907

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Weakness.

(DURATION) 1 DAY.

Contributory (Primary) Laryngeal Diphtheria

Pneumonia (DURATION) 4-5 DAYS

(Signed) G Gromadzki M.D.

Address 1903 W Balto St.

Date Nov 28 1907

Place of Burial [redacted]dale Cemetry Pa

Date Nov 28, 1907

Undertaker Max Levinson

Address 620 N McElderry st

12 M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 6822 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1411 Pressman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Brown.

{ Residence, if in Baltimore, Give Street and Number. } 1411 Pressman St

C. 6822

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ...1...

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Host Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizer Stewart

(Address) 1411 Prestman St

Filed 11/28" 1907

HARRY C. ANDERSON
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 26 1907

that I last saw h-r alive on Nov 25 1907,

and that death occurred, on the date stated above, at 8 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) ... DAYS

Contributory (Primary.) Bronchitis

(DURATION) ... DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date Nov. 27. 1907

Place of Burial Laurel cem'ty

Date Nov 29 1907

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6823

Registered No. B 12

City of Baltimore, (No. 2748 W. Lafayette St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Edward Blackburn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 27 (Month) (Day) 1907 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm. Ed. Blackburn

BIRTHPLACE OF FATHER (State or country): Both Md.

MAIDEN NAME OF MOTHER: Emma O'Donovan

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. Father of Child

(Address) N. E. Cor. Lafayette & Carrollton Aves.

Filed 11/28 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: NOV 27 1907 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from NOV 27 1907 190 to NOV 27 1907 190

that I last saw h~~e~~ alive on NOV 27 1907 190.

and that death occurred, on the date stated above, at 6.30 a. m. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 3 DAYS

Contributory Nephritis

(DURATION) 2 DAYS

(Signed) Mrs. E. Father M. D.

NOV 28 1907 (Address) N. E. Cor. Lafayette & Carrollton Aves.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western cemetery

DATE OF BURIAL: Nov 29 190 7

UNDERTAKER: John J. Conran

ADDRESS: 901 Ballard

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

454

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matt. Shannon

{ Residence, if in Baltimore, Give Street and Number. } U. S. Marine Hospital

Duration of Residence in Baltimore. Two. 18 da.

C 6824

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 51 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): New York	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Seaman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. C. Williams

(Address) Marine Hospital

Filed 11/28 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 28 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Nov. 28 1907

that I last saw him alive on Nov. 28 1907

and that death occurred, on the date stated above, at 6:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Varicoma of femur

about 4 mos.
(DURATION)

Contributory (Primary)

(DURATION) DAYS

(Signed) L. C. Williams M.D.

Address Marine Hospital

Date November 28 1907

Place of Burial Greenmount Cathedral Cemetery

Date Nov. 29 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6825

City of Baltimore, (No. 2102 McCulloh St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Jandorf Jandorx

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 23. (Month) (Day) 1839. (Year)

AGE: 68. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Hiram Jandorf

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Hannah Harris

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hannah Sloman

(Address) 2102 McCulloh St

Filed Nov 29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11-25 1907 to 11-27 1907 that I last saw h[illegible] alive on 11-26 1907, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Cardiac Failure

(DURATION) 1 DAYS

Contributory Chronic Interstitial Nephritis & Cardiac Hypertrophy (DURATION) 3 DAYS

(Signed) Clifton Wells M. D.

11-28 1907 (Address) 52 Penna Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Oheb Sholam | DATE OF BURIAL: 11/29 1907

UNDERTAKER: J Ahrens | ADDRESS: 754 N Eutaw

Ward 1-Pm C 6825 Registered No. B ✓

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 913 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Renik

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time C 6826

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: November 27 1907

AGE: ..... years, ... months, 1 minute days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ludwik Renik

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Marie Stysiek

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Renik

(Address) 913 Fell St

Filed 11/29 1907 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Nov 27 1907 that I last saw h im alive on Nov 27 1907, and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth (DURATION) DAYS

Contributory (Primary.) at 7th month (DURATION) DAYS

(Signed) S. J. Szwalski M.D.

Address 922 S. Ann ✓

Date November 27 1907

Place of Burial Holy Rosary

Date Friday Nov 29 1907

Undertaker M. F. Radowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 6827 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 913 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Renitt

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

C 6827

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: White	DATE OF DEATH: November 28 1907
DATE OF BIRTH: November 27 1907	I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Nov 27 1907
AGE: ..... years, ... months, 8 hours days	that I last saw her alive on Nov 27 1907, and that death occurred, on the date stated above, at 4 A.M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	CAUSE OF DEATH (Secondary or Immediate.)
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Ludwik Renitt	
BIRTHPLACE OF FATHER (State or country): Poland	Premature birth (DURATION) ..... DAYS
MAIDEN NAME OF MOTHER: Marie Stysiek	Contributory (Primary.) at 7th month (DURATION) ..... DAYS
BIRTHPLACE OF MOTHER (State or country): Poland	(Signed) S. J. Szwalkiewicz M.D.
OCCUPATION OF DECEASED: none	Address 722 S. Ann St
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date November 28 1907
(Informant) Frank Markelewski	Place of Burial Holy Rosary.
(Address) 913 Fell St	Date Friday Nov 29 1907
Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Undertaker M. F. Radwanski
	Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 6828 Registered No. B C 6828

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Warwick Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Truman F Eaton

{Residence, if in Baltimore, Give Street and Number.} 1706 Warwick ave.

Duration of Residence in Baltimore.

C 6828

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 1 1905
AGE	2 years, 10 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Thomas F. Eaton
BIRTHPLACE OF FATHER (State or country)	Newark N J
MAIDEN NAME OF MOTHER	Frances Graefer
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas F. Eaton

(Address) 1706 Warwick Ave

Filed 11/29 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Nov 27 1907

that I last saw h~~im~~ alive on Nov 27 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Traumatic Meningitis

(DURATION) 30 ~~Days~~ hrs.

Contributory (Primary) accidental

fall (DURATION) DAYS

(Signed) E Miller Wheeler M.D.

Address 2129 N Monte ave

Date Nov 29 1907

Place of Burial Mt. Holy Redeemer

Date Dec 1 1907

Undertaker Harry W. Ehlen

Address 1944 N Monte ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 6829

CERTIFICATE OF DEATH.

(Place of Death.) No. 1th Street Home, Infirmary, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah B Blake

{ Residence, if in Baltimore, Give Street and Number. } 2014 Barclay St

Duration of Residence in Baltimore. Life time

C. 6829

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: December 4, 1855

AGE: 51 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Blake

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Woods

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Dress maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Blake

(Address) 1423 W Lafayette Ave

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 27 1907

that I last saw her alive on Nov 27 1907

and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cause of Death Cystitis

Left Inguinal Hernia involving Left Ovary

(DURATION) 5 Mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1th Street Home, Balto

Date November 28 1907

Place of Burial Baltimore Cemetery

Date Nov 29th 1907

Undertaker Peter Gorman & Son

Address 1423 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 6830 Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernhard H. Neesemann

{Residence, if in Baltimore, Give Street and Number.} 124 W. Lee St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 10th 1878

AGE 29 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Frederick Neesemann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Saffray.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Neesemann

(Address) 124 W. Lee St.

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Nov. 27 1907 that I last saw him alive on Nov. 26 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis causing uraemia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore St

Date Nov. 28, 1907

Place of Burial Loudon Park Cemetery

Date Nov. 30th 190

Undertaker Jas. Jas. Chas. W. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1/20

CERTIFICATE OF DEATH.

C 6831

Registered No. B.....

City of Baltimore, (No. 1700, N. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Tregoe.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 30th (Month) (Day) 1827 (Year)

AGE: 80 years, One months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Dorchester Co. Md.

FULL NAME OF FATHER: James Tregoe, b. 1786, d. 1840. Sea Captain Lost at Sea

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md.

MAIDEN NAME OF MOTHER: Lucy Jenkins, b. 1787, d. 6th Mo. 9th 1852.

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md.

OCCUPATION OF DECEASED: Master Sail Maker, retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry. Tregoe

(Address) 1700 N Chas St

Filed 11/29 1907

HARRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 27th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1907 to Nov 27th 1907 that I last saw him alive on Nov 27th 1907, and that death occurred, on the date stated above, at 10.22 A. M. The CAUSE OF DEATH was as follows:

Cold on Kidneys, Causing Suppression of Urine. "Uremic Poison."

Consulting Physicians Smith, Mitchell. (DURATION) 23 DAYS

Contributory Cold (DURATION) ..... DAYS

(Signed) A. Sergt Shertzer M. D.

Nov 29 1907 (Address) 216 W Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Nov 29 1907

UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 N Fayette

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B 6852

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward G. Stuier

{ Residence, if in Baltimore, Give Street and Number. } 1422 Ramsay

Duration of Residence in Baltimore. Life

C. 6937

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 30 - 1887

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm J. Stuier

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Kate Henry

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Stuier Sr

(Address) Phila. Pa

Filed 11/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Shooting himself with 32 Calibre pistol (DURATION) Instan DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. E. Jones M.D.
Coroners Asst

Address

Date Nov 28 1907

Place of Burial Loudan Park

Date Nov 30 = 1907

Undertaker C M Mitchell

Address 1201 N Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6833

Registered No. B.....

City of Baltimore, (No. 1808 W Mosher St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elias J. Magers

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 4 — 1847 (Month) (Day) (Year)
AGE	60 years, 4 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Elias Magers
BIRTHPLACE OF FATHER (State or country)	Balto city
MAIDEN NAME OF MOTHER	Mary E. Chase
BIRTHPLACE OF MOTHER (State or country)	Balto md.
OCCUPATION OF DECEASED	Travelling Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. Webster Magers.

(Address) New York N.Y.

Filed 11/29 1907 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1907 to Nov 27 1907

that I last saw h~~im~~ alive on Nov 27 1907,

and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Uraemia Cerea

(DURATION) 3 DAYS

Contributory Chron. Bright's Disease

(DURATION) 2 ~~DAYS~~

(Signed) J. Bruce Lynch M.D.

NOV 28 1907 1907 (Address) 101 N. FULTON AVENUE.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Nov 30 1907
UNDERTAKER	ADDRESS
N. J. Ticknor & Sons	4 W Lanvale

WM. J. C. DULANY CO., BALTIMORE

Ward 7 — Registered No. B C 6834

14

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital Balto Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Hoomer

{ Residence, if in Baltimore, Give Street and Number. } c/o Henry St

Duration of Residence in Baltimore. 5yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Col

DATE OF BIRTH: May 3 1843

AGE: 64 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: M

BIRTHPLACE (State or country): Pittsburg Pa

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Rigger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Hoomer

(Address) c/o Henry St

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Nov 27 1907

that I last saw him alive on Nov 27 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Contributory (Primary.) Malaria

(DURATION) — DAYS

(Signed) Walter D Shee M.D.

Address City Hosp

Date Nov 27 1907

Place of Burial Balto Cemetery

Date Nov 29 1907

Undertaker Robt Stewart

Address 144 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ... 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 Stafford St ... St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Curtain

{Residence, if in Baltimore, Give Street and Number.} 27 Stafford St

Duration of Residence in Baltimore. 25 years

(C 6895)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 15 1838

AGE: 69 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thos O'Donnell

(Address) 27 Stafford St

Filed 11/29 1907 ROBT. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 27 1907

I HEREBY CERTIFY, That I attended deceased from December 11 1906 to November 27 1907 that I last saw her alive on Nov. 26 1907, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease.

(DURATION) 11 months DAYS

Contributory (Primary.) asthenia

(DURATION) 35 DAYS

(Signed) Asa L Dessels M.D.

Address 510 Frederick Ave

Date November 27 1907

Place of Burial Mt. Olivet Cemetery

Date Nov 29 1907

Undertaker Robt J Turner

Address 1 & 2 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — Registered No. B 6830

CERTIFICATE OF DEATH.

(Place of Death.) No. at Joseph's Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Richmond

{ Residence, if in Baltimore, Give Street and Number. } 25 Washington St - Homestead

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH 1871

AGE 36 years, ____ months, ____ days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Henry Richmond

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Wallace

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ella Richmond

(Address) 25 Washington St. (Homestead)

Filed 11/29 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1907

I HEREBY CERTIFY, That I attended deceased from November 26th 1907 to Nov. 27 1907

that I last saw him alive on Nov. 27 1907

and that death occurred, on the date stated above, at 9.10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Septic Intoxication

Tub

(DURATION) ____ DAYS

Contributory (Primary.) Typhoid

(DURATION) 21 DAYS

(Signed) John F. Moore M.D.

Address at Josephs Hosp.

Date Nov. 27 1907

Place of Burial Cathedral Cem.

Date November 30th 1907

Undertaker Wm B Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 E. Church St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name Robert J Purnell

{Residence, if in Baltimore, Give Street and Number.} 28 E. Church St.

Duration of Residence in Baltimore. Life

C. 6838

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR Colored	DATE OF DEATH November 28 1907
DATE OF BIRTH November 22 1906	I HEREBY CERTIFY, That I attended deceased from ~~1907~~ 190 to 190
AGE 1 years, — months, 6 days	that I last saw h ~~alive~~ on 190
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	and that death occurred, on the date stated above, at 12.05 A. M. CAUSE OF DEATH (Secondary or Immediate
BIRTHPLACE (State or country) Baltimore Md	Bronchopneumonia
FULL NAME OF FATHER Robert Purnell 6	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country) Worcester Co Md	Contributory (Primary.) (DURATION) DAYS
MAIDEN NAME OF MOTHER Jennie Barber 6	(Signed) Geo McGuire Grant M.D.
BIRTHPLACE OF MOTHER (State or country) Howard Co Md	Address Coroner
OCCUPATION OF DECEASED none	Date November 29 1907
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Informant) Robert Purnell 6 father	Place of Burial Mt Auburn
(Address) 28 E Church St	Date Nov 29 1907
Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar	Undertaker Jno. H. Treadwell
	Address 442 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 6837

CERTIFICATE OF DEATH.

774

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Mc Elain

{ Residence, if in Baltimore, Give Street and Number. } 1107 Pabay Street

C. 6837

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alex Mc Elain

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hester Lane

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Holland

(Address) 963. Pierce St

Filed 11/29 1907

HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1907 to Nov. 28 1907

that I last saw him alive on Nov 24, 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute postatic pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Adherent Pericarditis (DURATION) DAYS

(Signed) J. W. Hachtel M.D.

Address Franklin Sq Hospital

Date November 29 1907

Place of Burial Mt Auburn Cem

Date Dec 1 1907

Undertaker Chas H. Grandt

Address 1611 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 6839

C 6839

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 208 N. Stricker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Donald Hampton Anderson

{Residence, if in Baltimore, Give Street and Number.} 208 N. Stricker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 6th 1907

AGE ..... years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Richard H. Anderson

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Minnie B Hamman

BIRTHPLACE OF MOTHER (State or country) Frederick Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Minnie Anderson

(Address) 208 N. Stricker St

Filed 11/29 1907 HARRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Nov 28 1907 that I last saw h.. alive on Nov 28 1907 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea Enteritis

(DURATION) 140 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Walter A Cot M.D.

Address 54 D Fulton Ave

Date Nov 29 1907

Place of Burial Western Cemetery

Date November 29th 1907

Undertaker F. B. Hoppert

Address Frederick Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 Short Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan R. Brooks.

{Residence, if in Baltimore, Give Street and Number.} 510 Short Street

Duration of Residence in Baltimore. Life

C. 6840

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: David Pratt

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane Pratt

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Morgan

(Address) 510 Short St.

Filed 11/29" 1907

HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 27 1907

that I last saw h[illegible] alive on Nov 26 1907,

and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 27 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 27 DAYS

(Signed) C. H. Ford M.D.

Address 411 S. Sharp St

Date Nov 29th 1907

Place of Burial Laurel

Date Nov 29 — 1907

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 201 E. ~~Lafayette~~ Ave. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Schenck Jr.

{Residence, if in Baltimore, Give Street and Number.} 204 E. Lafayette Ave.

Duration of Residence in Baltimore. Lifetime

C 6841

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 3, 1854

AGE: 53 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Christopher Schenck

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Margaret C. C. Fisher

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Furniture Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H W Means & Son

(Address) 805 north Calvert

Filed 11/29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 26th 1907 to Nov 26th 1907 that I last saw h[e] alive on Nov 26th 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Metastatic sarcoma of Lung

3 weeks (DURATION) DAYS

Contributory (Primary) Sarcoma of Jaw (DURATION) 8 months

(Signed) Thos J O'Donnell M.D.

Address 1340 Charles St

Date Nov 27th 1907

Place of Burial Greenmount Cemetery

Date November 29, 1907

Undertaker Henry W. Means & Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 130 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Allison

{Residence, if in Baltimore, Give Street and Number.} 130 W. West St

Duration of Residence in Baltimore. Life

C. 6812

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John J. Allison

BIRTHPLACE OF FATHER (State or country): Alexandria Va

MAIDEN NAME OF MOTHER: Elizabeth Mitchell

BIRTHPLACE OF MOTHER (State or country): Washington DC

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Sarah Wingate (sister)

(Address) 9. W Heath St

Filed 11/29/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the Heart & Kidneys

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) H. M. Leonard M.D.

Address Coroner

Date November 30 1907

Place of Burial Mt Olivet Cem

Date November 30 1907

Undertaker John E Stout & Co

Address 1133 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6
154

CERTIFICATE OF DEATH.

Registered No. B C 6843

City of Baltimore, (No. 710 N Stockton St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin F Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ~~Nov 26~~ unknown (Day) ~~1907~~ (Year)

AGE: 75 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Foulsom

(Address) 1422 Pennsylvania Ave

Filed 11/29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 26 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 24 1907 to Nov 26 1907

that I last saw him alive on Nov 26 1907,

and that death occurred, on the date stated above, at ——

M. The CAUSE OF DEATH was as follows:

infirmities of old age

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Z B Hall M. D.

Nov 27 1907 (Address) Mt Winans

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Nat Cemetery

DATE OF BURIAL: Nov 29 1907

UNDERTAKER: John E Hough Co

ADDRESS: 1422 Penn

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1028 W Lexington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B Evans

{ Residence, if in Baltimore, Give Street and Number. } 1028 W Lexington St

Duration of Residence in Baltimore. Life

C 6844

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 25 1826

AGE: 81 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary J Joey

BIRTHPLACE OF MOTHER (State or country): St Marys Co

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Frank J Evans

(Address) 845 W Lexington St

Filed 11/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 25th 1907 to Nov. 27th 1907

that I last saw him alive on Nov. 27th 1907, 6.45 A. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia &
Exhaustion -

(DURATION) 5 DAYS

Contributory (Primary.) Old Age &

Mitral insufficiency (DURATION) — DAYS

(Signed) Claude Tim Baker M.D.

Address 9 E. Read St

Date Nov. 28th 1907

Place of Burial Cathedral

Date Nov 30 1907

Undertaker Woodland

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 6845

(Place of Death.) No. 268 Hanford ave Eutaw St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry J Schaufele

{ Residence, if in Baltimore, Give Street and Number. } 268 Hanford ave Eutaw

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH Feby 5 1889

AGE 18 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Adolph W Schaufele

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary A Beck

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph W Schaufele

(Address) 268 Hanford ave Eut

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20th 1907 to Nov 27th 1907

that I last saw him alive on Nov 27th 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 7 Mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) Lee Stoner M.D.

Address 1501 Eutaw pl

Date Nov 28th 1907

Place of Burial Lorraine Park

Date Nov 30 1907

Undertaker Robt J Turner

Address 1642 W Pratt

WM. J. C. DULANY CO., Baltimore.

C 6846

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1355 Garrett Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. Tiska

{Residence, if in Baltimore, Give Street and Number.} 1355 Garrett Av

Duration of Residence in Baltimore. always

C. 6846

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 28 1907

AGE: — years, — months, ½ hour days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country): here

FULL NAME OF FATHER: Roman Tiska

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Dominica Krupinsky

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roman Tiska

(Address) 1355 Garrett Av

Filed 11/29 1907 HENRY C. ANDRIANI CIRCUIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Nov 28 1907 that I last saw him alive on Nov 28 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility (DURATION) ½ hour DAYS

Contributory (Primary.) / (DURATION) DAYS

(Signed) Skaku M.D.

Address 1510 E. Fort Av.

Date Nov. 29 1907

Place of Burial Holy Rosary

Date Nov 29 1907

Undertaker Jos. Shanteluk

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1907 Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mieton O. Peters

{Residence, if in Baltimore, Give Street and Number.} 1907 Hanover St.

Duration of Residence in Baltimore. Life

C 6647

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH October 4 1907

AGE — years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John W. Peters

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Ella. Burke

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Peters (mother)

(Address) 1907 Hanover St.

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

Eclampsia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Geo McKeinhard M.D. Coroner

Address

Date November 28 1907

Place of Burial Sandy Hook Md

Date Nov 30 1907

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 1232. Jefferson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

CERTIFICATE OF DEATH.

176

Full Name Harry Scott.

{Residence, if in Baltimore, Give Street and Number.} 1237 Jefferson St

Duration of Residence in Baltimore. Life

C. 6648

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1880

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Scott

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Isabella Tate

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Scott

(Address) Next door 1230

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol Shot Wound.

Severing Int Caratid.

(Shot one Morgan, committed for Grand Jury) (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carruthers M.D.

Address Coroners Office

Date Nov. 27 1907

Place of Burial Asbury Cemetery

Date Nov 30th 1907

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15

6 6849

CERTIFICATE OF DEATH.

Registered No. B ~~6849~~

City of Baltimore, (No. 1414, Retreat St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ora L. Ward

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 28th (Day) 1907 (Year)

AGE: One hour — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Edw. Ward.

BIRTHPLACE OF FATHER (State or country): S. Carolina

MAIDEN NAME OF MOTHER: Ora Lewis

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Ward

(Address) 1414 Retreat St

Filed 11/29 1907

HARRY C. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1907 to Nov 28 1907

that I last saw h er alive on Nov. 28 1907,

and that death occurred, on the date stated above, at 10 15 P. M. The CAUSE OF DEATH was as follows:

Premature
(6/2 Mo)

(DURATION) DAYS

Contributory Weakness

(DURATION) DAYS

(Signed) E. H. Smith M. D.

Nov 29 1907 (Address) 1606 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Nov 29th 1907

UNDERTAKER: William H. Higdon

ADDRESS: 651 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr Oliver Cahall.

{ Residence, if in Baltimore, Give Street and Number. } Marydell, Md

C. 6850

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Don Knox

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas L Pippin

(Address) Maydel Md.

Filed 11/29 1907 — JAMES C. ADAMS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1907.

I HEREBY CERTIFY, That I attended deceased from Nov 24 1907 to Nov 28 1907 that I last saw h in alive on Nov 28 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) DAYS

Contributory (Primary.) Intestinal obstruction due to Carcinoma (DURATION.) DAYS

(Signed) Horace B. Michaelson M.D.

Address Balto City Hospital

Date Nov 28 1907

Place of Burial Maydel Md

Date Nov 29 1907

Undertaker W. J. Tickner and Sons

Address 425 W Camden St

WM. J. C. DULANY CO., Baltimore.

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

53

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Buntam

{ Residence, if in Baltimore, Give Street and Number. } 1315 Orleans St

Duration of Residence in Baltimore. 7

C 6851

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Walker

(Address) 709 N Spring St

Filed 11/24 190 7 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 190 7

I HEREBY CERTIFY, That I attended deceased from Sept 28 190 7 to Nov 26 190 7

that I last saw h alive on Nov 26 190 7,

and that death occurred, on the date stated above, at 10 25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hodgkins disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P McGlough M.D.

Address Johns Hopkins Hosp

Date November 27 190 7

Place of Burial Laurel

Date Nov 30th 190 7

Undertaker R A Elliott

Address 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

91

(Place of Death.) No. Kathrine Young 1708 Stockton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kathrine Young.

{Residence, if in Baltimore, Give Street and Number.} 708 N Stockton St.

Duration of Residence in Baltimore. 10 yrs.

C 6852

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colard
DATE OF BIRTH	1
AGE	42 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Charleston S.C.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Denis Young

(Address) 708 N Stockton

Filed 11/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1907 to Nov. 28, 1907 that I last saw h alive on Nov. 27 1907, and that death occurred, on the date stated above, at 10:20 A. M. CAUSE OF DEATH (Secondary or Immediate).

Hemoplysis (~~duration~~ ~~of blood bowels~~) (DURATION) ... DAYS -

Con'tributory (Primary.) Chronic Bronchitis (DURATION) 2 ~~years~~

My Knowledge.

(Signed) ... M.D.

Address Wm H Wright 1375 N. Caroline St

Date Nov. 28, 1907.

Place of Burial Mt Auburn Cemetery

Date Dec 1 1907

Undertaker R M Gilliard

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

81

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hill

{ Residence, if in Baltimore, Give Street and Number. } 804 N. Dallas St

Duration of Residence in Baltimore. ?

C 6855

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hilton

(Address) 908 N Durham St

Filed 11/29 1907 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to Nov 26 1907

that I last saw h alive on Nov 26 1907,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

aortic aneurism

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date Nov 27 1907

Place of Burial Asbury Cemetery

Date Nov-30. 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 i

CERTIFICATE OF DEATH.

Registered No. BC 6854

City of Baltimore, (No. Good Samaritan Hospital St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Davis.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	B
DATE OF BIRTH	Aug. (Month) 4th. (Day) 1907 (Year)
AGE	..... years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles Davis
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Hattie Davis.
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Davis

(Address) 1138 Fulmer Alley

Filed 11/29 1907

[illegible] C. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Nov 26 1907

that I last saw him alive on Nov 26 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. M. Hurd Jr. M. D.

190 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	NOV 29 1907
UNDERTAKER Undertaker Death.	ADDRESS Hendall Hopkins

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hebner

{ Residence, if in Baltimore, Give Street and Number. } 1726 N Broadway

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 30th 1834

AGE: 73 years, 6 months, 29 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Hebner

(Address) 1726 N Broadway

Filed 11/29" 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Nov 28 1907

that I last saw h.. alive on Nov 28 1907,

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Fract. rib

(DURATION) DAYS

(Signed) M. Riley M.D.

Address 1639 Druid

Date Nov 29 1907

Place of Burial London Park Cemetery

Date Dec 1st 1907

Undertaker George Schulting & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

C 6856

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 512 Welcome al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Scott

{Residence, if in Baltimore, Give Street and Number.} 512 Welcome al

C 6856

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH 1

AGE 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Benj Scott

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Jane Bradford

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Jennie Scott

(Address 513 Welcome Alley

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Nov 28 1907

that I last saw h or alive on Nov 27 1907

and that death occurred, on the date stated above, at 11 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonitis (DURATION) DAYS

Contributory (Primary.) — (DURATION) DAYS

(Signed) O. L. Nuckols, M.D.

Address 1004 S. Paca St

Date Nov 28 1907

Place of Burial Mt Auburn

Date Nov 30 1907

Undertaker Alex Hemmelsbach

Address 578 S Bridge St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6857

City of Baltimore, (No. 416 N. Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie C. Enson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 15. (Day) 1907 (Year)

AGE: ..... years, 1 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joshua L. Enson

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Carrie E Helms

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua L. Enson

(Address) 416 N Fremont

Filed 11/29 1907

MARY C. ANDRAUS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Nov 28 1907 that I last saw h er alive on Nov 28 1907, and that death occurred, on the date stated above, at 12 — M. The CAUSE OF DEATH was as follows:

Weak heart & malnutrition

(DURATION) since birth DAYS

Contributory A premature child (7½ mos)

(DURATION) DAYS

(Signed) M B Hood M. D.

Nov 28 1907 (Address) 604 N. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Hampstead Carroll Co Md — DATE OF BURIAL: Nov 30 1907

UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

C 6858

Registered No. B.....

City of Baltimore, (No. ~~Augusta~~ 1707 St. Paul St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augusta M. W. Henderson

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH Sept 3 1823
(Month) (Day) Year)

AGE 84 years, 2 months, 26 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Charles Spratt

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Frederick Spratt

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eichorn

(Address) 22 N. Eutaw St.

Filed 11/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 28 1907

that I last saw h.. alive on Nov 28 1907,

and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

General failure of kidneys digestive [illegible] etc due to old age.

(DURATION) 28 DAYS

Contributory old age

(DURATION) ..... DAYS

(Signed) C. A Reese M. D.

Nov 29 1907 (Address) 21 W Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Brooklyn Md

DATE OF BURIAL Nov 30 1907

UNDERTAKER Jer. O'Leary

ADDRESS 231 N. Howard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 542 Fellcome alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlie Gaines.

{ Residence, if in Baltimore, Give Street and Number. } 542 Fellcome alley.

Duration of Residence in Baltimore. life.

C 689

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 3 yrs. mos. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER John Gainer

BIRTHPLACE OF FATHER (State or country) Balt

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Gainer

(Address) 542 Fellcome alley

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907.

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Nov 26 1907.

that I last saw h— alive on Nov 26 1907.

and that death occurred, on the date stated above, at 12.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) J Edward Smith M.D.

Address 528 Hanover

Date Nov 27 1907

Place of Burial Mt Auburn Cem

Date Nov 30 1907

Undertaker George H Hooper

Address 60 Little Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1855 Pamey St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Henry Culp

{ Residence, if in Baltimore, Give Street and Number. } 1855 Pamey St

Duration of Residence in Baltimore. 40 yrs

C 6860

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	Nov 16th 1850
AGE	57 years, — months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	New Jersey
FULL NAME OF FATHER	Wm. Henry Culp
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont Know
BIRTHPLACE OF MOTHER (State or country)	dont Know
OCCUPATION OF DECEASED	Glassblower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Culp

(Address) 1855 Ramey St

Filed 11/29 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26th 1907 to Nov 28th 1907 that I last saw h~~im~~ alive on Nov 28th 1907, and that death occurred, on the date stated above, at 3:30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Bright's Disease (DURATION) 2 DAYS

(Signed) W O Lamy M.D.

Address 1108 Fulton St

Date November 28th 1907

Place of Burial Loudon Park Cem

Date November 30 1907

Undertaker Joseph B Cook

Address 100 3 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6861

City of Baltimore, (No. General German Aged Home St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia Zimmermann

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 9 (Day) 1840 (Year)

AGE 67 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, DIVORCED Widow

BIRTHPLACE (State or country) Hirstenberg

FULL NAME OF FATHER Michael Hauch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine ——

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record of German Aged Home

(Address) W Balto St

Filed 11/29 1907

HARRY C. ANDREWS, DEPUTY CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1907 to Nov 28th 1907

that I last saw h e alive on Nov 27th 1907,

and that death occurred, on the date stated above, at 2

P. M. The CAUSE OF DEATH was as follows:

Affection of the brain. Probably tumor of the brain

(DURATION) 60 DAYS

Contributory

(DURATION) DAYS

(Signed) J. T. Reinhard M. D.

Nov 29 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western

DATE OF BURIAL Nov 30 1907

UNDERTAKER H B Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6862

City of Baltimore, (No. 642 W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hamilton Fitzhugh

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June (Month) (Day) 1907 (Year)

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas H. Fitzhugh

BIRTHPLACE OF FATHER (State or country) Miss

MAIDEN NAME OF MOTHER Ethel Blair

BIRTHPLACE OF MOTHER (State or country) Canada

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Fitzhugh

(Address) 642 W. Lexington St.

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1907 to Nov. 29 1907

that I last saw him alive on Nov. 28 1907,

and that death occurred, on the date stated above, at 1-30 a. m. The CAUSE OF DEATH was as follows:

Acute Bronchitis

followed by

Congestion of Lungs

Acute [illegible] (DURATION) 10 DAYS

Contributory Congestion of Lungs (DURATION) [illegible] DAYS

(Signed) C. H. McKee Jones M.D.

Nov. 29 1907 (Address) 502 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Westernlean — DATE OF BURIAL Nov 30 1907

UNDERTAKER Jos B Cook — ADDRESS 1003 N Bal

WM. J. C. DULANY CO., BALTIMORE

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. D .....

CERTIFICATE OF DEATH.

93 L

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie Elroe

{ Residence, if in Baltimore, Give Street and Number. } 1642 St. Joseph St.

O. 68863

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR black

DATE OF BIRTH ..... 1 .....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

*(Address)

Filed 11/29 1907 HARRY C. ABRAMS, PERMIT CLERK, Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1907 to Nov. 26 1907

that I last saw h in alive on Nov. 26 1907

and that death occurred, on the date stated above, at 8:45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) ..... DAYS

Contributory (Primary) Labor

pneumonia (DURATION) 8 DAYS

(Signed) Conrad Schmit M.D.

Address St. Joseph's Hospital

Date Nov. 26 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 29 1907 190 ....

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6804

CERTIFICATE OF DEATH.

(Place of Death.) No. Maternity Hospital, 622 W Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Harris, Infant of Bettie Harris

{Residence, if in Baltimore, Give Street and Number.} 1913 Ridgewood ave

Duration of Residence in Baltimore. 48 hrs.

C 6804

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 26th 1907

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles Harris

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Nattie Annie Albecker

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Albecker.

(Address) 2013 Ridgewood Ave.

Filed 11/29 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27th 1907 to Nov 28th 1907, that I last saw him alive on Nov 28th 1907, and that death occurred, on the date stated above, at 6 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(26 weeks)

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary congestion (DURATION) ..... DAYS

(Signed) H. W. Stansbury M.D.

Address 622 W Lombard St.

Date Nov 29 th 1907

Place of Birth JOHNS HOPKINS HOSPITAL

Date NOV 29 1907 190...

Undertaker Commissioner Health

Address Scalls & Boatmen

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

28 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6865

City of Baltimore, (No. Hospital for crippled children St.; Girls Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Harold.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 7 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph Harold

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Minnie Wise

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Harold

(Address) 105 S. Chappel st.

Filed 11/29 190 7 HENRY C. ANDREWS, CHIEF CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9 1907 to Nov 27 1907 that I last saw her alive on Nov 27 1907, and that death occurred, on the date stated above, at 5.45 P. M. The CAUSE OF DEATH was as follows:

Tubercular Meningitis

(DURATION) 27 DAYS

Contributory Local Pott's disease 3 1/12 years

Psoas Abscess (DURATION) ~~DAYS~~

(Signed) Howard Elmer Ashbury M. D.

Nov 27 1907 (Address) 2005 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 105 S. Chappel How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death? 105 S. Chappel St.

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 30 1907

UNDERTAKER: Wendell Lippold Bro. — ADDRESS: 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ... Registered No. B ...

11 W

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Glabowski

{ Residence, if in Baltimore, Give Street and Number. } 720 S Bond

C 6886

Duration of Residence in Baltimore. 5 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer. Yardowski

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Glabowski

(Address) 720 S. Bond St

Filed 11/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Nov 27 1907

that I last saw h... alive on Nov 27 1907,

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 1 S Bond

Date Nov 28 1907

Place of Burial St Stanislaus

Date Nov 30 1907

Undertaker M A Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Falls Road St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Leonard Boone

{ Residence, if in Baltimore, Give Street and Number. } 522 Falls Rd

Duration of Residence in Baltimore. Life

C. 6867

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 15th 1861

AGE: 46 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert Boone

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine McGreevy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Boone

(Address) 522 Falls Rd

Filed Nov 30th 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

C. & N. C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Nov 26 1907 that I last saw h alive on Nov 26 1907, and that death occurred, on the date stated above, at 5 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Hypertrophy & Dropsy

7 months (DURATION) 15 DAYS

Contributory (Primary.) Rheumatism

7 months (DURATION) 15 DAYS

(Signed) T. K. Galloway M.D.

Address 3186 E. Lanvale St

Date Nov 27 1907

Place of Burial Green Mount Cemetery

Date Nov 30th 1907

Undertaker M. Zahn & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

61

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Earhart

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 12 years

C. 6868

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Maried

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/30 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1904 to Nov 27 1907

that I last saw her alive on Nov 26 1907,

and that death occurred, on the date stated above, at 3.00 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 2 days

Contributory (Primary.) Pneumonia

(DURATION) 3 years

(Signed) [illegible] M.D.

Address Bay View Asylum

Date November 27 1907

Place of Burial Mount Olivet Cemetery

Date Nov. 30 1907

Undertaker H. H. M. L. Tolson

Address 426 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1311 Argyle Ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph Jones

{Residence, if in Baltimore, Give Street and Number.} 1311 Argyle Ave

Duration of Residence in Baltimore. life

C 6869

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col.
DATE OF BIRTH	25 July 1859
AGE	48 years, ~~July~~ 4 months, 3 ~~25~~ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James Jones
BIRTHPLACE OF FATHER (State or country)	unknown
MAIDEN NAME OF MOTHER	Maria Jones
BIRTHPLACE OF MOTHER (State or country)	Balto County
OCCUPATION OF DECEASED	Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Jones

(Address) 1311 Argyle ave

Filed 11/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 19

I HEREBY CERTIFY, That I attended deceased fr

Nov 20 1907 to Nov 28 1907

that I last saw h alive on Nov 28 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediat

Exhaustion

(DURATION) 2 D

Contributory (Primary.)

Pericarditis (DURATION) 8 D

(Signed) John E Hurst M

Address 647 W Lombard

Date Nov 28 190

Place of Burial Mt Auburn Cemetery

Date December 1 1907 190

Undertaker Isaac Brown

Address 565 Dolphin street

WM. J. C. DULANY CO., BALTIMORE.

105.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Belt Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name LeRoy Smith

{Residence, if in Baltimore, Give Street and Number.} 1629 Belt Ave

Duration of Residence in Baltimore. Life

C6870

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH April 23 1906

AGE 1 years, 7 months, 7 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Bald.

FULL NAME OF FATHER Wm B Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Harper

BIRTHPLACE OF MOTHER (State or country) ~~Md~~ Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Williams B. Smith

(Address) 1629 Belt Ave

Filed 11/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Nov 28 1907

that I last saw h[illegible] alive on Nov 28 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ileo Colitis

possibly due to typhoid infection

(DURATION) 9 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) J Wesley Cole M.D.

Address 735 N Fulton Ave

Date Nov 29 1907

Place of Burial Cedar Hill Cemetery

Date Nov. 30 1907

Undertaker Edw. I Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1st

(Place of Death.) No. 101 N. Madeira St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Michael Woods

{Residence, if in Baltimore, Give Street and Number.} 101 N Madeira

Duration of Residence in Baltimore. Life C. 1871

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Woods

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Woods

(Address) 101 N Madeira

Filed 11/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate)

Or Nephritis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carruthers M.D.

Address Conway Md

Date Nov 29—07 1907

Place of Burial ~~Loudon Park~~ National

Date Nov 30/07 190

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 519 N. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Stintop

{ Residence, if in Baltimore, Give Street and Number. } 519 N. Port st

Duration of Residence in Baltimore. Life

C 6802

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: December 28th 1906	
AGE: — years, 11 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: Herman H. Stintop	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Adelin Gobrecht	
BIRTHPLACE OF MOTHER (State or country): Charleston S. C.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman H. Stintop

(Address) 519 N. Port st.

Filed 11/30 1907 — MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 29 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1907 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12.05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 12 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edw M Singewald M.D.

Address 5 N. Washington Ave

Date Nov 29th 1907

Place of Burial 5th reform Cemetary

Date DEC 1 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9v

(Place of Death.) No. 119 Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emil J. Schweitzer.

{Residence, if in Baltimore, Give Street and Number.} 119 Baxter St.

Duration of Residence in Baltimore. life -

C 6873

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 16 1906

AGE 1 years, 5 months, 13 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) B.C. -

FULL NAME OF FATHER Charles Schweitzer

BIRTHPLACE OF FATHER (State or country) Germany -

MAIDEN NAME OF MOTHER Anna Volz.

BIRTHPLACE OF MOTHER (State or country) N.S. -

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Schweizer

(Address) 119 N. Baxter St

Filed 11/30 1907 WM. C. ANDREAS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1907.

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Nov 29 1907 - that I last saw h im alive on Nov 28 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia -

(DURATION) 2 DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) C P Straus, M.D.

Address 1606 Light St

Date Nov 29/07 1907

Place of Burial MT. CARMEL CEMETERY.

Date DEC 1 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1121 Elizabeth Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie M. Stuntebeck

{ Residence, if in Baltimore, Give Street and Number. } 1121 Elizabeth Lane

C. 10874

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: June 6 1883

AGE: 24 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William Nehmeyer

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Annie Lewis

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Stuntebeck

(Address) 1121 Elizabeth Lane

Filed 11/30 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1907 to Nov. 28 1907

that I last saw h[illegible] alive on Nov. 28 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

[illegible] Nervous (DURATION) 6 DAYS

Contributory (Primary.) Heart failure

(DURATION) 24 hours DAYS

(Signed) Robt. E. F. Lehnert M.D.

Address 1318 E. Clarks pl.

Date Nov. 29 1907

Place of Burial Cedar Hill

Date Dec. 1 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1035 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James N. Stanley

{ Residence, if in Baltimore, Give Street and Number. } 1547 Ludlow St.

Duration of Residence in Baltimore. Life C.B.C.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James Stanley

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Sarah Smith

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stanley (wife)

(Address) 1547 Ludlow St

Filed 11/30 1907 HARRY C. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M. Leinhardt M.D.

Address Coroner

Date November 30 1907

Place of Burial Joppa Harford Co Md

Date Dec 1st 1907

Undertaker Jos Stumbrecky

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name [illegible]

{ Residence, if in Baltimore, Give Street and Number. } [illegible]

Duration of Residence in Baltimore. [illegible]

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: [illegible] 1884

AGE: 23 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russian Poland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nor-wegian Vice Consul

(Address) 3 & Chamber of Commerce

Filed 11/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at [illegible]

CAUSE OF DEATH (Secondary or immediate)

[illegible]

(DURATION) — DAYS

Contributory (Primary.) Malaria

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Nov. 29, 1907

Place of Burial Mt. Carmel

Date Nov 30 1907

Undertaker Robt Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1029 Penn^a ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Matilda Raines

{Residence, if in Baltimore, Give Street and Number.} 1029 Penn^a ave

Duration of Residence in Baltimore. Life

C6877

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 21 1864

AGE: 43 years, 4 months, 8 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles albond

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Fisher

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Wicks

(Address) 1029 Penn ave

Filed 11/30 1907 HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Nov 28 1907

that I last saw h^r alive on Nov 28 1907,

and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Muscular rheumatism (DURATION) 48 DAYS

(Signed) Thos E Finch M.D.

Address 847 N Eutaw st

Date Nov 29 1907

Place of Burial Baltimore cemetery

Date December 1 1907

Undertaker Wilbur W Shriner

Address 116 Fremont ave N

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6878

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 535 North Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Van Nenkirke

{Residence, if in Baltimore, Give Street and Number.} 535 North Wolf St

Duration of Residence in Baltimore. One Week

C 6878

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE About 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Co Md

FULL NAME OF FATHER Chas E Eagleston

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sallie E Smith

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E Van Nenkirke

(Address) Hotel Raleigh

Filed 11/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1907 to Nov. 28 1907

that I last saw h alive on Nov 28 1907,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) H. S. Leiny M.D.

Address 1731 E. Fort Ave

Date Nov. 29 1907

Place of Burial Loudon Park.

Date DEC 1 - 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6879

Registered No. B

City of Baltimore, (No. 1017 N. Fayette St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lydia A. Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 25 Aug (Month) (Day) 1871 (Year)

AGE: 36 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Widow

BIRTHPLACE (State or country): Haymarket Va.

FULL NAME OF FATHER: Daniel Davis

BIRTHPLACE OF FATHER (State or country): Haymarket Va

MAIDEN NAME OF MOTHER: Alice Clark

BIRTHPLACE OF MOTHER (State or country): Haymarket Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Russell T. Glover

(Address) 711½ N. Fayette St.

Filed 11/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 24 1907 to Nov 30 1907

that I last saw her alive on Nov 30 1907

and that death occurred, on the date stated above, at 2.25 a. m. The CAUSE OF DEATH was as follows:

Diabetes (DURATION) 3 Years

Contributory (DURATION) DAYS

(Signed) L. E. Beach M. D.

Nov 30 1907 (Address) 817 N. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lodge Landing Virginia

DATE OF BURIAL: Nov 30 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d
Physician who attended during his or her last sickness, or the Coroner, when the case c
enty-four hours after death, to the Undertaker, or other person superintending the burial, a c
n be ascertained, the full name, sex, age, condition (whether married or single) of the person
of Vital Statistics in the City of Baltimore.
shall die in the said city it shall be the duty of
ase comes under his notice, to furnish within
al, a certificate setting forth, as far as the same
rson deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

71

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Whilton

{ Residence, if in Baltimore, Give Street and Number. } 1422 Fairmount ave.

Duration of Residence in Baltimore. 10 mo.

C. 6480

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Harry Whilton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Whilton

(Address) 1511 Fairmount Ave

Filed 11/30 1907 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28- 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1907 to 11-28 1907

that I last saw h in alive on Nov 28 1907,

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Con'ributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) Sam'l Lam M.D.

Address Md. Gen'l Hosp

Date Nov. 29 1907

Place of Burial Laurel

Date Nov 30th 1907

Undertaker R. A. Ellicott

Address 5 N. Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6881

City of Baltimore, (No. 1319 Fremont Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Colton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: unknown (Month) unknown (Day) 1855 (Year)

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Collins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Gallagher

(Address) 2150 Florence St

Filed 11/30 1907

HARRY C. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1907 to Nov. 29th 1907 that I last saw her alive on Nov. 28th 1907, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

over 4yr (DURATION) DAYS

Contributory Acute Cold

one week (DURATION) DAYS

(Signed) Thos. F. McCormick M. D.

Nov. 29 1907 (Address) 1421 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? D

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem — DATE OF BURIAL: Dec 2 1907

UNDERTAKER: A F Philbin — ADDRESS: 1711 Mad ave

V

WM. J. C. DULANY CO., BALTIMORE.

OAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 —

CERTIFICATE OF DEATH.

Registered No. B C 6882

City of Baltimore, (No. 907 N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Catharine Dahl

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John N. Oberheim

(Address) 909 N Calhoun

Filed 11/30 190 7

HARRY C. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Nov 29 1907

that I last saw her alive on Nov 28 1907,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Valvular disease of heart

anasarca

(DURATION) 1 Day

Contributory Asphyxia

(DURATION) 3 DAYS

(Signed) Jay Masten M. D.

Nov 29 190 7 (Address) 812 20 North

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine Cem	12/1 1907
UNDERTAKER	ADDRESS
Wm J Schilling	9 S. Poppleton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

11?

(Place of Death.) No. 2411 Foster ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Ebbenhouse.

{ *Residence, if in Baltimore, Give Street and Number.* } 2411 Foster ave.

Duration of Residence in Baltimore. Life time

C. 6883

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 9th 1866

AGE 41 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Ebbenhouse

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hanna Flecker

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Ebbenhouse

(Address) 2411 Foster Ave.

Filed 11/30 1907 HENRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1907 to Nov. 27 1907 that I last saw h. alive on Nov. 26 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of liver causing anasarca.

(DURATION) 119 DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore St.

Date Nov. 28, 1907

Place of Burial Mt. Carmel Cemetery

Date Dec 1st 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue. S.E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. 253 S Bethel St

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George Roder

{ Residence, if in Baltimore, Give Street and Number. } 25 3 S Bethel St

C. 6884

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 4 1835
AGE	72 years, 4 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Smith

(Address) 253 S. Bethel St

Filed 11/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Nov 28 1907 that I last saw h alive on Nov 27 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry M Weglarth M.D.

Address 30 North Ave

Date Nov. 29 1907

Place of Burial Mt. Carmel Cem

Date Nov. 30 1907

Undertaker Landau & Son

Address 710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Louisa Oberman

{ Residence, if in Baltimore, Give Street and Number. } Franklin Square Hospital

Duration of Residence in Baltimore. Life time,

C 6665

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 9th March 1838

AGE 69 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Lewis Ingner

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Margaret Bader

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter F. Hoover

(Address) 180 - 5th Ave NY.

Filed 11/30th 1907

HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 29, 1907

I HEREBY CERTIFY, That I attended deceased from September 17, 1907 to November 29 1907 that I last saw her alive on November 29, 1907, and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Con ributory (Primary.) Chr. interstitial nephritis (DURATION) — DAYS

(Signed) F W Hackett M.D.

Address Franklin Square Hospital

Date November 29, 1907

Place of Burial New Cathedral Cem

Date November 30th 1907

Undertaker Hy W Jenkins & Sons Co

Address 306 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1750 N. Guy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christiana Schmidt.

{Residence, if in Baltimore, Give Street and Number.} 1750 N Guy St

Duration of Residence in Baltimore.

C. 6886

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Sept 18th 1853

AGE: 4 years, 2 mont's, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schmidt

(Address) 1750 N. Guy St.

Filed Nov 30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Esophagus

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Fredk Smith M.D.

Address Corner Eutaw & Lexington

Date Nov 29-07 190

Place of Burial St. Paul Cem.

Date 12/1/07 190

Undertaker J. Herwig & Son

Address 200 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **cause and date of death.** ceased, and the **full name, sex, age, condition** (whether married or single) of the person

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 Old Frederick Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Stewart McGreery

{Residence, if in Baltimore, Give Street and Number.} 716 Old Frederick Road

Duration of Residence in Baltimore. Life.

C. 6887

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 12 1806

AGE 1 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Philip J McGreery

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Elizabeth S Mueller

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Matilda McGreery

(Address) 28 Old Road.

Filed 11/30 1907

HARRY C. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 30 1907

that I last saw h[illegible] alive on Nov 29 1907,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

(DURATION) 21 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Howard W Jones M.D.

Address Irving Inn

Date Nov 30 1907

Place of Burial New Cathedral

Date Dec 2 1907

Undertaker Trundell Lippel Co

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caspar Falkenham

{ Residence, if in Baltimore, Give Street and Number. } 1917 Jefferson St.

Duration of Residence in Baltimore. 29 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	1
AGE	59 years, — months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Caspar Falkenham
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Falkenham

(Address) 1917 Jefferson St

Filed 11/30 1907 HARRY C. ARLT. PERMIT Chief Clerk

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 9 1907 to Nov 30 1907

that I last saw h in alive on Nov 29 1907.

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) DAYS

Con'tributory (Primary) Papilloma of Larynx (DURATION) 6 mos. DAYS

(Signed) Geo. H. Fluegel M.D.

Address St. Josephs Hosp.

Date Nov. 30 1907

Place of Burial Holy Redeemer

Date Dec. 2d 1907

Undertaker Wendell Lippelt Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

20

(Place of Death.) No. City Hospital, Baelo, Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Garvey

{Residence, if in Baltimore, Give Street and Number.} Martinsburg W Va

Duration of Residence in Baltimore. 1 yr

C. 688

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) West Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informan: Hosp. Record

(Address) City Hospital

Filed Mar 31 1907 Registrar

Qcw

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 - 1907 to Nov 30 1907

that I last saw h alive on Nov 30 1907

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Shock due to amputation of thigh.

Tb Gen

(DURATION) DAYS

Contributory (Primary) Dislocation and

fracture of hip (DURATION) DAYS

(Signed) Walter L Thiel M.D.

Address City Hosp

Date Nov 30 1907

Place of Burial Martinsburg W. Va

Date Nov. 30. 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Philip Morgan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 6890

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Oct 22 nd 1907

AGE: ..... years, ... months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincents Infant Asylum

(Address)

Filed 11/30 1907

HENRY C. ALBERTI, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 28 1907

that I last saw h— alive on Nov 11 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. V. Fisher M.D.

Address 9. E. Biddle St.

Date Nov 29 1907

Place of Burial Mt Olivet

Date Nov 30 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl Young.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

C-1891

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	Oct 26 1907
AGE	years, 1 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincents Inf Asy.

(Address)

Filed 11/30 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Nov 29th 1907

that I last saw h alive on " 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St

Date Nov 29 1907

Place of Burial Mt Auburn

Date Nov 30 1907

Undertaker Martin Gahagan & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1222 Carroll St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Keyser

{ Residence, if in Baltimore, Give Street and Number. } 1222 Carroll St.

C. 1892

Duration of Residence in Baltimore. 5-7.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1849

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Keyser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helena Keyser

(Address) 1222 Carroll St.

Filed Nov 30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1905 to Nov. 30, 1907 that I last saw h ... alive on Nov. 28, 1907, and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 2 yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Trumpkin M.D.

Address 653 Columbia Ave

Date Nov. 30, 1907

Place of Burial New Cathedral

Date 12 3 1907

Undertaker Wm J Schilling

Address 958 Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 3361 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Walker

{Residence, if in Baltimore, Give Street and Number.} 3361 Chestnut Ave

Duration of Residence in Baltimore. x 7 yrs

C.6893

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	Nov 29 1907
AGE	years, months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Edward Walker
BIRTHPLACE OF FATHER (State or country)	Frederick Co Md
MAIDEN NAME OF MOTHER	Mary E. Walker
BIRTHPLACE OF MOTHER (State or country)	Frederick Co Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Walker

(Address) 3361 Chestnut Ave

Filed

Nov 30 1907

Registrar

Ecd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Nov 29 1907

that I last saw h-er alive on Nov 29 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

(This child weighed 2203 Av. and had 23 teeth

(DURATION) DAYS

Contributory (Primary.) Premature birth 5 1/2 months (DURATION) DAYS

(Signed) R B Newell M.D.

Address 3343 Chestnut Ave

Date Nov 30/07 1907

Place of Burial St Mary's Cemetery

Date Nov. 30 1907

Undertaker A. S. Marshall

Address 3539 Gallo. Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH. C 6894

Registered No. B .....

City of Baltimore, (No. 1815 ~~East~~ Thomas Ave St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Hammond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 8 (Month) 16 (Day) 1885 (Year)

AGE: 22 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: W. M. Hammond

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Emma F. Hickman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O'Donnell M. D.

(Address) 1326 N. Mount St.

Filed 11/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to Nov 29 1907

that I last saw him alive on Nov 29 1907,

and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

One year (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) O'Donnell M. D.

11/30 1907 (Address) 1326 N. Mount St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: December 2 1907

UNDERTAKER: Wilbur W. Shriver

ADDRESS: 716 Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1816 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vincent S Robinson

{Residence, if in Baltimore, Give Street and Number.} 1816 W. Saratoga st

C. 6845

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 4 1860

AGE 47 years, 0 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER James Robinson

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Elizabeth McCadden

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED Shoe dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Robinson

(Address) 1816 W Saratoga

Filed 11/30 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1907

I HEREBY CERTIFY, That I attended deceased from August 1st 1907 to Nov 29 1907

that I last saw h alive on Nov 28 1907,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) One DAYS

Contributory (Primary) Bright's Disease (DURATION) 120 DAYS

(Signed) E. Michaux M.D.

Address 628 N. Gilmor st

Date Nov 30th 1907

Place of Burial Cathedral Cemetery

Date Dec 1 1907

Undertaker F. A. Krause & Bro

Address 713 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aaron Whalen

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 14 years

C. 6896

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/1st 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Nov 30 1907 that I last saw him alive on Nov 30 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilitation

..... (DURATION) 1 DAYS

Contributory (Primary) Chr. Interstitial and Nephritis (DURATION) Indefinite

(Signed) J. [illegible] Saunders M.D.

Address Bayview Asylum

Date Nov 30th 1907

Place of Burial Laurel Cemetery

Date Dec 1st 1907

Undertaker Fidelity B Pyle

Address 1022 Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person s... duty of the Physician who attended during his or her last sickness, or the Coro... ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person s... ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (w... eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 S Smallwood St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Jefferson Beck.

{Residence, if in Baltimore, Give Street and Number.} No 17 South Smallwood St.

Duration of Residence in Baltimore. Forty years.

C 6899

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 4th 1858

AGE: 49 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Beck.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Genevie Brockmer

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Foreman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Genevie Beck

(Address) #17 S. Smallwood St.

Filed 12/1 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to Nov 28th 1907

that I last saw h alive on Nov 28 1907,

and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to Pulmonary Tuberculosis.

Nine months (DURATION) DAYS

Contributory (Primary.) Tubercular Bacilli

9 months (DURATION) DAYS

(Signed) Wm C Bode, M.D.

Address 1900 Maryland Ave

Date Nov 30th 1907

Place of Burial Loudon Park

Date Dec 2" 1907

Undertaker H S Tirsh

Address 2113 N Pacca St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

47

OFFICE OF REGISTRAR OF VITAL STATISTICS,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6898

Registered No. B .....

City of Baltimore, (No. 709 W. Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Kean

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) — (Day) 1835 Ye.

AGE: 72 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: — Dolan

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Fay

(Address) 123 W. Cross St.

Filed 12/1 1907

HARRY C. [illegible]
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1907 to Nov. 30th 1907 that I last saw her alive on Nov. 27th 1907, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) — DAYS

Contributory Rheumatism

(DURATION) 5 yrs DAYS

(Signed) H. W. Wetmer M. D.

Nov 30th 1907 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Peters — DATE OF BURIAL: Dec 2nd 1907

UNDERTAKER: John J Lowson — ADDRESS: 701 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Ginsband

{Residence, if in Baltimore, Give Street and Number.} 405 S. Chapel St.

Duration of Residence in Baltimore Life

C. 6899

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept. 1851

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER Henry Ginband

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Goll

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sophia Ginband

(Address) 405 S. Chapel St.

Filed 12/1 1907

HARRY C. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Nov 28 1907 that I last saw h— alive on Nov 28 1907 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 (DURATION) — DAYS

Con'ributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date Nov 30 1907

Place of Burial Holy Redeemer

Date Dec. 2nd 1907

Undertaker Jno. A. Inman

Address Bank + Ann Sts.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Calvert st near Pleasant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry V. Gormanley

{ Residence, if in Baltimore, Give Street and Number. } 408 Courtland st.

Duration of Residence in Baltimore. life

C. 6900

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Nov. 7, 1902

AGE 5 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Michael Gormley

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elizabeth Miller

BIRTHPLACE OF MOTHER (State or country) York, Pa.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gormley

(Address) 408 Courtland St

Filed 12/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1907

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2 10

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull &

Accidental shock

(DURATION) DAYS

Contributory (Primary.) Electric By accident (DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1316 N. Caroline St.

Date Nov. 29 1907

Place of Burial St. Peter's Cemetery

Date December 2, 1907

Undertaker Henry W. Mears & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Gaffey

{ Residence, if in Baltimore, Give Street and Number. } 501 N. Castle St

Duration of Residence in Baltimore. 43 yrs.

C. 6901

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 10, 1863

AGE: 44 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: Michael Gaffey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Delia Watson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Gaffey

(Address) 142 S. E. Hoffman St.

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1907 to Nov 28 1907

that I last saw h... alive on Nov 28 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 2 Wks. DAYS

Con'tributory (Primary) Syphilis

(DURATION) 20 Yrs. DAYS

(Signed) Robert Hlweg M.D.

Address St. Josephs Hosp.

Date Nov. 28 1907

Place of Burial Cathedral Cemetery

Date Dec. 2, 1907

Undertaker Henry W. Means' Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Michal J. Billman.

{ Residence, if in Baltimore, Give Street and Number. } Aged Mens Home. Harrington + Calhoun Sts.

Duration of Residence in Baltimore. 4 Months

(C. 6902)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Sept 16 1831

AGE 76 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER /

BIRTHPLACE OF FATHER (State or country) /

MAIDEN NAME OF MOTHER /

BIRTHPLACE OF MOTHER (State or country) /

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. L. Somers Supt

(Address) Aged Mens Home

Filed 12/1 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1907 to Nov. 30th 1907

that I last saw him alive on Nov. 30th 1907 15m

and that death occurred, on the date stated above, at 2 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Recurrent Carcinoma Bladder

Prostate. Metastasis. —

14 yr. since operation — (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Eugene L. Smith Jr. M.D.

Address W. P. O.

Date Nov. 30 1907.

Place of Burial Baltimore Cemetery

Date Dec 1st 1907

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 443 East 23d St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Williams

{ Residence, if in Baltimore, Give Street and Number. } 443 East 23d St,

Duration of Residence in Baltimore. Life-time. C.6403

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —— 1

AGE 4 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm E Williams

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maggie Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Wm E Williams

(Address) 443 - E 23 St

Filed 12/1 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 29 1907 to Nov. 30 1907 that I last saw h.er alive on Nov. 30 1907, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt G. Schmidt M.D.

Address 424 - East 23 St

Date Nov. 30 1907

Place of Burial Mt Auburn

Date Dec 1 - 1907

Undertaker R A Elliott

Address 506 Rogers Ave

3 P.M.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 214 S Bethel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sady Brown

{ Residence, if in Baltimore, Give Street and Number. } 214 S Bethel

Duration of Residence in Baltimore. Life

C. 6904

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Robert Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Estella Taylor

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Dempson

(Address) 217 S. Bethel St.

Filed 12/1 190 7

HARRY C. ADLER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlow Comma M.D.

Address 320 N Greene St

Date 190

Place of Burial Laurel

Date Dec 1 190 7

Undertaker R. F. Elliott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2424 Ettings St — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bromley

{ Residence, if in Baltimore, Give Street and Number. } 2424 Ettings St.

Duration of Residence in Baltimore. Life time

C. 6905

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	colored
DATE OF BIRTH	Feby 22 1906
AGE	1 years 9 months 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Willie Bromley
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Ruth Smith
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willie Bromley

(Address) 2424 Ettings St

Filed 12/1st 1907

HARRY G. ANDREES, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Novbr 30th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29th 1907 to Nov 30th 1907 that I last saw h im alive on Nov 30th 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria (DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Edward Gilmartin M.D.

Address 1305 N. North Ave

Date Balto Nov 30th 1907

Place of Burial Mt auburn

Date Dec 1 1907

Undertaker Wm J. Johnson

Address 614 Baker st

Funeral at 12 oclock Dec 1st 1907

WM. J. C. DULANY CO., BALTIMORE.

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6906

City of Baltimore, (No. Franklaw. W Camden Harlem — Nursing Home St.; 5th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick W. Dreier

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 16 (Day) 1890 (Year)

AGE: 17 years, 1 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Mickel Dreier

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Frank

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mickel Dreier

(Address) Hanford Road.

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 29 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 16 1890 to Nov 29 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Run over by Motor Truck Accident

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Patrick F. Martin M. D.

1907 (Address) Govn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Hanford Road Balto Co Md

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: Dec. 1 1907

UNDERTAKER: R. J. Dill & Son

ADDRESS: 746 Columbia

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 E Preston St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Matilda Fortna

{ Residence, if in Baltimore, Give Street and Number. } 203 E. Preston Street

C. 6907

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 23rd 1830

AGE 77 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER ~~Unknown~~ Mr Fortna

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Catherine Marks

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mildred Lee Cromwell

(Address) 203 E. Preston Street

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 29 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to Nov 29th 1907

that I last saw her alive on Nov 29 1907,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Arterio Sclerosis, (DURATION) Some years

(Signed) Chas. W. Conard M.D.

Address 1327 Park Ave

Date Nov 30th 1907

Place of Burial Holy Cross Cemetery-Harford Co.

Date December 2nd 1907

Undertaker Henry W. Jenkins & Sons Co.

Address 306 N. Gladisow Sts.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

109

(Place of Death.) No. 1613 N Dalton St — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Barbara Roder

{Residence, if in Baltimore, Give Street and Number.} 819 N Caroline St

Duration of Residence in Baltimore. 59 years C. 6908

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 8 1827

AGE 81 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Berlin Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Roder

(Address) 819 N. Caroline St

Filed 12/1 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16 1907 to Nov 29 1907

that I last saw h[illegible] alive on Nov 28 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of bowels

(DURATION) 5 DAYS

Contributory (Primary.) Old age —

(DURATION) DAYS

(Signed) Wm J Walton M.D.

Address 2128 St Paul

Date Nov 29 — 1907

Place of Burial Baltimore Cemetery

Date December 2nd 1907

Undertaker J Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6909

City of Baltimore, (No. 1217 Harford Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Esthei A Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W

DATE OF BIRTH: ~~11~~ 1 (Month) (Day) Year)

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Smith

(Address) 1217 Harford Ave

Filed 12/1 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1904 1907 to 11/30/07 1907

that I last saw h~~er~~ alive on 11/26 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Cancer (Epithelioma
neck, extending into right
stomach
(DURATION) 7 & yrs

Contributory Septic Pneumonia
(DURATION) 1 DAY

(Signed) Henry F. Cover M.D.
11/30 1907 (Address) Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Bel Air

DATE OF BURIAL: Dec 2 1907

UNDERTAKER: Tom Cook

ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6910

Registered No. B

City of Baltimore, (No. 414, Sanders St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John L. F. Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 28th (Month) Wed (Day) 1852 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va —

FULL NAME OF FATHER: Thomas Butler

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Virginia Butler

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Stationary Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hadden L Butler

(Address) 414 Sanders

Filed 12/1 1907

ROBERT C. ANDREWS, PERMIT CLERK, (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Nov 29 1907 that I last saw h[illegible] alive on Nov 25 1907, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

apoplexy

(DURATION) 4 DAYS

Contributory atheroma

(DURATION) 1 Yrs

(Signed) J. L. F. Grinham M. D.

Nov 29 1907 (Address) 1313 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: Dec 1 190[illegible]

UNDERTAKER: John J Fahey — ADDRESS: 1232 William

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 64 Brick Hill Hampden St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Rhoide W. Bennett

{Residence, if in Baltimore, Give Street and Number.} 64 Brick Hill Hampden

Duration of Residence in Baltimore. 2. years

C. 6911

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W
DATE OF BIRTH: Dec 6 1887	
AGE: 19 years, 11 months, 24 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER: John Bennett	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Emma A. Haines	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Mill Hand	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bennett

(Address) 64 Brick Hill

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Nov 30 1907

that I last saw him alive on Nov 29th 1907

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Laryngeal Stenosis
asthenia + collapse

Several Hours (DURATION) DAYS

Con'tributory (Primary.) Phthisis Pulmonalis abscess of lungs (DURATION) DAYS

(Signed) Wm. H. Feddeman M.D.

Address 808 1st Ave

Date Nov 30th 1907

Place of Burial Charleston W. Va

Date Dec 3 1907

Undertaker W. E. Chenoweth + Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended du ce, to furnish within **eighteen hours afte** ng forth, as far as the same can be ascert eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 80 Brick Hill

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) St.

Full Name Infant of Marion L Marston & Elsie E Marston
Premature Infant No name

{ Residence, if in Baltimore, Give Street and Number. } 80 Brick Hill

Duration of Residence in Baltimore..... life

C 69 D

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR white
DATE OF BIRTH Nov 30 1907	
AGE — years, — months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED —	
BIRTHPLACE (State or country) Balto	
FULL NAME OF FATHER Marion L. Marston	
BIRTHPLACE OF FATHER (State or country) Va	
MAIDEN NAME OF MOTHER Elsie Bortel	
BIRTHPLACE OF MOTHER (State or country) Albertson Md	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion L Marston

(Address) 80 Brick Hill

Filed 12/1 1907 HARRY C. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1907 to Dec 1 1907

that I last saw h alive on Nov 30 1907,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lack of Vitality
6 mos premature
birth.

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) 1 DAYS

(Signed) M. H. Feddeman M.D.

Address 800 1st Ave

Date Dec 1st 1907

Place of Burial St Marys Stampden

Date Dec 1907

Undertaker W E Ehrenworth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., Baltimore.

FILM

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C 6913

City of Baltimore, (No. 329 S. Howard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie Freeman (Freeman)

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	December 26 1904 (Month) (Day) (Year)
AGE	2 years, 11 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Israel Freeman
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Theresa Fix.
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Israel Freeman

(Address) 329 S Howard.

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Dec 30 1907 that I last saw h alive on Dec 30 1907, and that death occurred, on the date stated above, at 12 55 A.M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis
Pneumonia

(DURATION) 17 DAYS

Contributory Pneumonia

(DURATION) 4 DAYS

(Signed) Asper Whitehead M. D.

Dec 1 1907 (Address) Hallam & Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rosedale Cemetery	Dec 1 1907
UNDERTAKER	ADDRESS
Max Leiman	1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

KODAK SAFETY

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2212 Hudson Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Burkard Brown

{ Residence, if in Baltimore, Give Street and Number. } 2212 Hudson al

Duration of Residence in Baltimore. Life

C. 6914

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Col.

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER Wm Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lida Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Bagley

(Address) Guilford Av & 22nd St.

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29. 1907

I HEREBY CERTIFY, That I attended deceased from 25 Nov 1907 to 29 Nov 1907

that I last saw him alive on Nov 29 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia.

(DURATION) 7 DAYS

Contributory (Primary) Intermittent Neuralgia

(DURATION) 7 DAYS

(Signed) Haughton Bagley M.D.

Address 22 + Guilford Av.

Date Nov. 30 1907

Place of Burial Lane, Va.

Date Dec 1, 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours** ting forth, as far as the same can be as ceased, and the **cause and date of dea**

CERTIFICATE OF DEATH.

(Place of Death.) No. 740 N Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Booker

{ Residence, if in Baltimore, Give Street and Number. } 740 N. Franklin

Duration of Residence in Baltimore. Life

C. 6913

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 1 1907

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jacob Becker

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Dy Not Known

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam'l Eden

(Address) 553 N Green St

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 9 1907 to Nov 30 1907

that I last saw h[illegible] alive on Nov 30 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Jaundice & Nephritis

Nephritis — 3 W (DURATION) DAYS

(Signed) Chas F Block M.D.

Address 1827 E Baltimore

Date Dec 1 1907

Place of Burial Russian Cem Phila Pa.

Date DEC 1 - 1907 190

Undertaker Owens & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 Whitridge Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine C Fairbanks

{Residence, if in Baltimore, Give Street and Number.} 426 Whitridge Ave

Duration of Residence in Baltimore. Life

C. 6916

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 2nd May 1878

AGE 29 years, 6 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Eugene Lotzbeyer

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Angeline Hildebrandt

BIRTHPLACE OF MOTHER (State or country) Warsaw Poland

OCCUPATION OF DECEASED Home Life

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A Lotzbeyer (Brother)

(Address) 217 S. Stricker

Filed 12/1 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1907 to Nov 28th 1907

that I last saw h~~e~~r alive on Nov 28 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs

(DURATION) DAYS

~~Contributory~~ (Primary.)

(DURATION) DAYS

(Signed) J. C. Morton M.D.

Address 638 N Eutaw

Date Nov 29 1907

Place of Burial New Cathedral

Date Dec 2 1907

Undertaker E. A. Wiedefeld & Co

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

1537

(Place of Death.) No. 8 N Bethel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Child of Jane & James Thompson

{ Residence, if in Baltimore, Give Street and Number. } 8 N Bethel

Duration of Residence in Baltimore. Life

C. 6917

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX M	COLOR B	DATE OF DEATH Nov 29 1907
DATE OF BIRTH 1		I HEREBY CERTIFY, That I attended deceased from 190 to 190
AGE years, months, 1/2 hr days		that I last saw h alive on 190
SINGLE, MARRIED, WIDOWED, OR DIVORCED —		and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate.)
BIRTHPLACE (State or country) Balto		Baby was born 2 hrs before and was ill or during [illegible]
FULL NAME OF FATHER James Thompson		(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country) md		Con'ributory (Primary.)
MAIDEN NAME OF MOTHER Jane Sampson		(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country) md		(Signed) [illegible] M.D.
OCCUPATION OF DECEASED —		Address Coron
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Date Nov 29 07 190
(Informant) Father James Thompson		Place of Burial Laurel
(Address) 8 N Bethel st		Date Dec 1 — 190 7
Filed 12/1st 190 7 HARRY O. ANDREWS, PERMIT CLERK.		Undertaker R F Elliott
		Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. City Hospital, Balto. Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Hiltmann

{ Residence, if in Baltimore, Give Street and Number. } 221 North Luzerne St.

Duration of Residence in Baltimore. Life

6914

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 4 1866

AGE 41 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by John Wilkinson

(Address) 221 N Luzerne St

Filed 12/1st 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Dec 1 1907

that I last saw her alive on Dec 1 1907

and that death occurred, on the date stated above, at 6.5a

a M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis and Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Ectopic gestation (DURATION) DAYS

(Signed) Walter D Stone M.D.

Address City Hospital

Date Dec 1st 1907

Place of Burial Oak Lawn Cemetery

Date Sec 3 1907

Undertaker Louis Heemann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Vondier

{Residence, if in Baltimore, Give Street and Number.} 812 N Broadway

Duration of Residence in Baltimore. 2

C. 6919

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 30" 1842

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Emmitsburg, Pa.

FULL NAME OF FATHER: James Masters

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Vondier

(Address) 812 N Broadway

Filed 12/1st 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30" 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Nov 30 1907

that I last saw her alive on Nov 27 1907,

and that death occurred, on the date stated above, at 9 30 M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure due to indigestion, and Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Chronic nephritis

(DURATION) 1 DAYS

(Signed) Chas. B. Fegan M.D.

Address 830 N Broadway

Date Nov 30th 1907

Place of Burial New Cathedral

Date Dec. 2nd 1907

Undertaker Geo M. Frank

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6920

Registered No. B.....

City of Baltimore, (No. 245 S. Central Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip Diamond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Isaac Diamond

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bertie Riffkin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Glazer

(Address) 245 S Central Ave

Filed 12/1st 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11-30 1907 to 12-1 1907

that I last saw him alive on 12-1 1907

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 2 DAYS

Contributory Cardiac Asthenia

(DURATION) — DAYS

(Signed) S. P. Kalet M. D.

12-1 1907 (Address) 116 E. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Randal Cemetery

DATE OF BURIAL: Dec 2 1907

UNDERTAKER: Max Levin

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugenia F Kellehan

{ Residence, if in Baltimore, Give Street and Number. } Kingstree S C.

Duration of Residence in Baltimore.

C. 6921

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 1849

AGE 58 years, 8 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Florida

FULL NAME OF FATHER W H. Brown

BIRTHPLACE OF FATHER (State or country) S. C.

MAIDEN NAME OF MOTHER Mary McCleary

BIRTHPLACE OF MOTHER (State or country) S. C.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R H. Kellehan

(Address) Kingstree S. C.

Filed Dec 2nd 1907

ROBERT C. ADDISON, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Dec 1 1907

that I last saw her alive on Dec 1 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Stenosis of common duct.

(DURATION) DAYS

Contributory (Primary) Gall Stones.

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hosp

Date Dec 1 1907

Place of Burial Kingstree S C.

Date DEC 1 1907

Undertaker ALBERT E. FULLER

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Charles Morrow Jr

Full Name Charles Morrow

{Residence, if in Baltimore, Give Street and Number.} 1615 Linden Ave

Duration of Residence in Baltimore. Life

C. 6927

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 37 years, — months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	W. J. Morrow
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Hamilton
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Morrow

(Address) 1615 Linden Ave St

Filed 12/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 28th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Intracerebral

Unknown (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Lila Balcom M.D.

Address 700 Log W. Lanvale St

Date ~~Nov.~~ Dec. 1st 1907

Place of Burial Baltimore Cemetery

Date ~~Nov.~~ Dec 2d 1907

Undertaker Wm Coad

Address 502 E Hart Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Second Ave (~~Waverly~~) St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name William S Warner

{ Residence, if in Baltimore, Give Street and Number. } 704 Second Ave

Duration of Residence in Baltimore. 40 Yrs

C. 6923

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH Feb 7th 1845

AGE 62 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Henry Warner

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Warner

(Address) 704 Second Ave

Filed 12/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Dec 1st 1907

that I last saw him alive on Nov 29 1907

and that death occurred, on the date stated above, at 4.30 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilatation of Heart following Chronic Bronchitis & Chronic Nephritis 4 Years

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis & Chronic Bronchitis several yrs (DURATION) DAYS

(Signed) Wm H Feldmeier M.D.

Address 800 1st Ave

Date Dec 1st 1907

Place of Burial St Marys Hampden

Date Dec 3/907 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 392 E. 31st Street (Waverly St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary Cassidy.

{ Residence, if in Baltimore, Give Street and Number. } 392 E 31st Street Waverly

Duration of Residence in Baltimore. Life since C. 1924

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Harper

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Elliott

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Cassidy.

(Address) 392 E 31st Waverly

Filed 12/2 1907

HARRY C. [illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from March 4 1907 to Nov 1 1907

that I last saw h[illegible] alive on 27 Nov 1907

and that death occurred, on the date stated above, at 12.10 M.

I. CAUSE OF DEATH (Secondary or Immediate

Cancer of Mouth.

(DURATION) DA

Contributory (Primary.)

Exhaustion (DURATION) 7 mos DA

(Signed) W B Berry M.

Address 330 N. Charles St

Date Dec 1 1907

Place of Burial St Marys Govans

Date Dec 3 07 190

Undertaker Low Cook

Address 502 E. Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Schaefer

{Residence, if in Baltimore, Give Street and Number.} 2108 Woodbrook Ave

Duration of Residence in Baltimore. 60 Years C 6925

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct 3 1826
AGE	81 years, 1 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Unknown
FULL NAME OF FATHER	Philip Toepfer
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Schaefer

(Address) 2108 Woodbrook Ave

Filed 12/2 1907

ROBERT C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Nov 29 1907

that I last saw h[illegible] alive on Nov 29 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Debility

1 week (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 831 Light St

Date Baltimore Nov 30 1907

Place of Burial Western Cemetery

Date Dec 2 1907

Undertaker Josiah Lyter

Address 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 6926
12 20

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6926

City of Baltimore, (No. The Marlborough Wilson & Eutaw Places Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Pennington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: white
DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)
AGE: 60 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married —
BIRTHPLACE (State or country): Balto md —
FULL NAME OF FATHER: Fred. W. Marston
BIRTHPLACE OF FATHER (State or country): Balto md —
MAIDEN NAME OF MOTHER: Mary Chaulk
BIRTHPLACE OF MOTHER (State or country): Balto md.
OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. John T. Pennington
(Address) The Marlborough

Filed 12/2 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 30th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 20th 1907 to Nov 30th 1907 that I last saw h alive on Nov. 29th 1907, and that death occurred, on the date stated above, at 1.20 a.m. The CAUSE OF DEATH was as follows:

Chronic Nephritis
Acute Pyelitis

(DURATION) 42 DAYS

Contributory ... (DURATION) ... DAYS

(Signed) C. F. Burnam M. D.
Nov 30th 1907 (Address) 1418 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Green Mount
DATE OF BURIAL: Dec. 2 1907
UNDERTAKER: E. M. Mitchell
ADDRESS: 120 W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1220 Sharp st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Theodore Deck

{ Residence, if in Baltimore, Give Street and Number. } 1220 Sharp st

Duration of Residence in Baltimore. Life

C. 6927

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 17 Th 1907.

AGE: ..... years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Theodore J. Deck

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Catharine J. Shana

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore J. Deck

(Address) 1220 Sharp st

Filed 12/2 1907

MARY C. ADAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Nov 30 1907 that I last saw him alive on Nov 29 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Marcasmus

(DURATION) DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover st

Date Nov 30 1907

Place of Burial Cedar Hill Cemetery

Date Dec. 2 1907

Undertaker James Digman & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

160

(Place of Death.) No. Adjacent Baltimore County St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jas C Grinnell

{ Residence, if in Baltimore, Give Street and Number. } 893 Boyd St.

C 6926

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Color

DATE OF BIRTH — 1

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Grinnell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Grinnell

(Address) 893 Boyd St

Filed 12/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 190 7

I HEREBY CERTIFY, That I attended deceased from as above 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture skull

Struck by an automobile

Accident

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) P. F. Wheeler M.D.

Address 649 W. Lafayette Ave

Date Dec 1 1907

Place of Burial Laurel

Date Dec 2 1907

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1542

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 E. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Sellmann

{Residence, if in Baltimore, Give Street and Number.} 1307 E Lombard St

Duration of Residence in Baltimore 56 Years C. 6929

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1820

AGE 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) .. ..

MAIDEN NAME OF MOTHER .. ..

BIRTHPLACE OF MOTHER (State or country) .. ..

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Eckhardt Sellmann

(Address) 1307 E. Lombard St

Filed 12/2 1907

HART C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Nov 30 1907

that I last saw her alive on Nov 26 1907

and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

two yea (DURATION) ... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ... DAYS

(Signed) R O Wintermeier M.D.

Address 116 S Broadway

Date Dec 2nd 1907

Place of Burial Baltimore Cem

Date Dec 3rd 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1167

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ida Petas

{Residence, if in Baltimore, Give Street and Number.} Edgewood Md

Duration of Residence in Baltimore.

C 60930

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH: 1	
AGE: 31 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	S. Blackwell
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Milda Dorsey
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Thos. Petas

(Address) Edgewood Md

Filed 12/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Nov 29 1907

that I last saw h[illegible] alive on Nov 29 1907

and that death occurred, on the date stated above, at 8 [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia, following General Peritonitis

(DURATION) 7 DAYS

Contributory (Primary.) Probably Appendix (DURATION) DAYS

(Signed) Geo. H. Fleming M.D.

Address St. Josephs Hosp.

Date Nov. 30 1907

Place of Burial Edgewood Harford Co Md

Date Dec. 3 1907

Undertaker Felix B. Pye

Address 102 E Fredericks.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 716 Frederick Ave 2nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Margaret Mc. Greevy

{Residence, if in Baltimore, Give Street and Number.} 716 Frederick Ave 2nd

Duration of Residence in Baltimore. Life C-6921

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH	1
AGE	..... years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	Philip Mc. Greevy
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md
MAIDEN NAME OF MOTHER	Elizabeth Mullan
BIRTHPLACE OF MOTHER (State or country)	Baltimore, Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Mc. Greevy

(Address) 716 Frederick Ave

Filed 12/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1907 to Dec. 1st 1907 that I last saw her alive on Nov. 30 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis,
Tubercular Meningitis

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Maurice Lazenby M.D.

Address 721 W. North ave

Date December 1st 1907 ✓

Place of Burial New Cathedral Cem.

Date Dec. 2" 1907

Undertaker Kundell Lipkel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 Oliver Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas H. Bersterman

{ Residence, if in Baltimore, Give Street and Number. } 1624 Oliver Place

Duration of Residence in Baltimore. Life C 6932

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25 1907

AGE — years, 4 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Geo. A Bersterman

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Josephine Kennedy

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Bersterman

(Address) 1624 Oliver Place

Filed 12/2 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Dec 1 1907

that I last saw h[illegible] alive on Nov 23 1907

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Indigestion

(DURATION) DAYS

Contributory (Primary) Syncope

(DURATION) DAYS

(Signed) Reginald J. Gorry M.D.

Address 2206 York Road

Date December 1 1907

Place of Burial Holy Redeemer

Date Dec 2 1907

Undertaker Robt J. Runck

Address 1424 Argyle

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6933

City of Baltimore, (No. 944 N. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margarete Fox

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 15 (Day) 1842 (Year)

AGE: 65 years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Lytle

(Address) Towson, Md

Filed 12/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Nov 30 1907

that I last saw h[er] alive on Nov 30 1907,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 5 DAYS

Contributory Paralysis and Convulsions (DURATION) 3 DAYS

(Signed) Wm. Clyde Burns M. D.

Nov 30 1907 (Address) 1926 E. Balto.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Nov Dec 3 1907

UNDERTAKER: Evans & Spence

ADDRESS: 118 & 120 W. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

161

(Place of Death.) No. 1514 Division St. (Union Protestant Infirmary) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss. Minnie Riedisell.

{ Residence, if in Baltimore, Give Street and Number. } Hanover York Co. Penn. C 6934

Duration of Residence in Baltimore. about two days in Hospital.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) Hanover Pa.

Filed 12/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 29th 1907 to Dec. 1st 1907

that I last saw h alive on Nov. 30th 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal injuries

Killed instantly (DURATION) DAYS

(Contributory (Primary) Suicide by jumping from Window (DURATION) DAYS

(Signed) Wm Martin M.D.

Address 700 Lof. av. (Evergt)

Date Dec. 1 st 1907

Place of Burial Hanover York Co Pa

Date Dec 2 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1253 Sargent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ferdinand Werner

{ Residence, if in Baltimore, Give Street and Number. } 1253 Sargent

Duration of Residence in Baltimore. 10 years C-6934

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	June 5 1853
AGE	54 years, 6 months, 0 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Charles Werner
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	C
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Pacca

Filed 12/2 1907 HARRY O. ANDREWS DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24 1907 to Dec 1 1907 that I last saw him alive on Dec 1 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis / pneumonia

(DURATION) 7 DAYS

Contributory (Primary) asthma

(DURATION) 1 DAYS

(Signed) Jas E. Hines M.D.

Address 833 Columbia ave

Date Dec 2 1907

Place of Burial Western Cemetery

Date December 3 1907

Undertaker Jos. Joerdens. Son

Address 217 S. Pacca

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

15 D

(Place of Death.) No. Nursery & Childs-Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Crothers.

{Residence, if in Baltimore, Give Street and Number.} Nursery & Childs Hospital.

Duration of Residence in Baltimore. Life

C 6936

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 10th 1907

AGE: ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): . .

MAIDEN NAME OF MOTHER: . .

BIRTHPLACE OF MOTHER (State or country): . .

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) Nursery & Childs Hosp-

Filed 12/2 1907

MARRY C. ANDREWS, CHIEF CLERK, Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 — 1907 to Nov — 28 1907

that I last saw h alive on Nov 26 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 839 N Eutaw St

Date Nov 29 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 30 1907 1907

Commissioner of Health

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

By

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1019 S Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John (name unknown to informant) 6.

{Residence, if in Baltimore, Give Street and Number.} 1019 S. Eutaw St

Duration of Residence in Baltimore. Life C. 6 [illegible]

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	Don't know
AGE	3 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Quarles 6

(Address) 1019 S Eutaw St

Filed 12/2 190 7 HENRY O. HARRIS, Registrar

CHIEF CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Laceration

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. McGuinard M.D.

Address Coroner

Date November 29 1907

Place of Burial JOHNS HOPKINS HOSPITAL NOV 30 1907

Date 190

Undertaker Commissioner Health

Address W Health Dept

City to bury Body at the Morgue FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

25 b

§ 5 Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

This child was left at the Quarles home & was called

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Marshall

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. C. 6936

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 66 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Planter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt

(Address) BAY VIEW ASYLUM

Filed 12/2 1907 ROBT. C. WILLIAMS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1907 to Nov 29 1907

that I last saw h[illegible] alive on Nov 29 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt L. Bay M.D.

Address Bay View

Date Nov. 29 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 30 1907 190

Undertaker Wm S Wooden

Address 1811 Aisquith

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Francis's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Buchman.

{Residence, if in Baltimore, Give Street and Number.} 507 Presidents St

Duration of Residence in Baltimore. 2. C. 6939

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Dredger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peerango

(Address) St. Jos. Hosp.

Filed 12/2 1907 HARRY C. [illegible] CITY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1907 to Nov. 30 1907 that I last saw him alive on Nov 30 1907 and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Trauma

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 2 DAYS

(Signed) Eugene L. Peerango M.D.

Address St Joseph's Hospital

Date Nov. 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL NOV 31 [illegible] Commissioner Health.

Date 190

Undertaker

Address Weall Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

760

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 242 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Hisgen

{ Residence, if in Baltimore, Give Street and Number. } 242 N. Rose St.

Duration of Residence in Baltimore. 40 Years C. 6940

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 12th 1838

AGE 69 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Hisgen

(Address) 242 N. Rose St.

Filed 12/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH nov. 30th 1907

I HEREBY CERTIFY, That I attended deceased from nov 25 1907 to nov 30 1907

that I last saw her alive on " " 1907 7.30

and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Heart Disease

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 150 Milton Ave

Date Dec 1 1907

Place of Burial Trinity Cem.

Date 12/3/07 190

Undertaker J. Herwig & Son

Address 900 E. Eden St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas G. Wheeler

{Residence, if in Baltimore, Give Street and Number.} 2115 E. Eager St.

Duration of Residence in Baltimore. Life

C. 6947

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. 6th 1904
AGE	3 years, 2 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	William H. Wheeler
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Marshall
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Wheeler

(Address) 2115 E. Eager St

Filed 12/2 190.. HEAD OF RECORDS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 23rd 1907 to Nov. 30th 1907 that I last saw h~~im~~ alive on Nov. 30th 1907, and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) ? DAYS

Contributory (Primary.) Broncho-pneumonia (DURATION) 4 DAYS

(Signed) W. W. Hale M.D.

Address 2110 Ashland Ave

Date November 30th 1907

Place of Burial Baltimore Cemetery 190..

Date DEC 3- 1907

Undertaker Christian Miller

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Walter A. Brown

{Residence, if in Baltimore, Give Street and Number.} 1404 E. Madison ~~Bay View~~ at

Duration of Residence in Baltimore. Life

C. 6948

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Nuckles

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/2 1907

MARY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1907 to Nov. 29 1907

that I last saw him alive on Nov 29 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) W.H.P. Bay M.D.

Address Bay View

Date Nov. 30 1907

Place of Burial Laurel

Date Dec 2 1907

Undertaker R A Ecklott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1702 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1702 Division St

Duration of Residence in Baltimore. Life

C. 6943

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: — 1 —	
AGE: — years, 4 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Brandon Johnson	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Carrie Wilson	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Wilson

(Address) Catonsville

Filed 12/2 190 7

[illegible] Registrar

[illegible] CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

from birth (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Log. Av., Govans

Date Dec 2nd 190 7

Place of Burial Laurel

Date Dec 2 190 7

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 N. Brown St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Brown

{ Residence, if in Baltimore, Give Street and Number. } 812 N. Brown ave

Duration of Residence in Baltimore. 9 yrs

C 6944

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Richard Brown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sallie Banks Unknown

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: House Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A. Brown

(Address) 921 Pierce St

Filed 12/2 1907

HENRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 30th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 28 DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) Chas Bartram M.D.

Address 700 Reg. ave. (Comb.)

Date Dec. 2nd 1907

Place of Burial Mt Auburn Cem

Date December 2nd 1907

Undertaker Samuel T. Chase Co

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 1740 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Stachorowski

{ Residence, if in Baltimore, Give Street and Number. } # 1740 Alice Anna St.

Duration of Residence in Baltimore. 27 Years C.6945

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: August Stachorowski

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katie Stachorowski

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michalina Stachorowska (wife)

(Address) 1740 Alicanna St

Filed 12/2 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to Dec. 1 1907

that I last saw him alive on Dec 1 1907,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 21 DAYS

(Signed) John A. Rehberger M.D.

Address #1709 Alice Anna St

Date December 2 1907

Place of Burial St Stanislaus,

Date Wed Dec 4 " 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1549 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Byron E. Bell

{ Residence, if in Baltimore, Give Street and Number. } 1549 N. Gilmor St

Duration of Residence in Baltimore. 3 mos

C. 6946

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 29th 1907

AGE: ..... years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Everett J Bell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lizzie F. Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Everett J Bell

(Address) 1549 N Gilmor St

Filed 12/2 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 1 1907

that I last saw h sm alive on Nov 30 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchi Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) ..... DAYS

(Signed) J. Thomas Nelson M.D.

Address 1800 N. Strieker St

Date Dec 1 1907

Place of Burial London Park

Date Dec. 2nd 1907

Undertaker G.F. Walker

Address 723 W Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 323 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pattie W. Jarboe

{ Residence, if in Baltimore, Give Street and Number. } 323 W. Biddle

Duration of Residence in Baltimore. 20 Years — C. 6 9 4

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wm D. Jordan

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Jarboe

(Address) 323 W Biddle St

Filed 12/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 24th 1907 to Nov 30th 1907

that I last saw her alive on Nov 30th 1907,

and that death occurred, on the date stated above, at 8-5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Jaundice and Complications of diseases

3 weeks (DURATION) DAYS

Contributory (Primary.) Heart disease

Organic (DURATION) — DAYS

(Signed) Samuel A. Bain M.D.

Address 619 W Biddle

Date Dec. 1st 1907

Place of Burial: London Park Cem

Date Dec 3 1907

Undertaker: Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1031 N. Eutaw St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raphaela DeRosa

{Residence, if in Baltimore, Give Street and Number.} 1031 N. Eutaw St.

Duration of Residence in Baltimore.

C. 6947

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 20th 1879

AGE: 58 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Francis Ventra

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Johana Princi

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Basilicata

(Address) 1031 N Eutaw st

Filed 12/2 1907 HARRY C. ANDREWS, CLERK of Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 1907 to Nov. 29th 1907

that I last saw her alive on Nov. 29 1907,

and that death occurred, on the date stated above, at 1.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

8 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Nov. 30th 1907

Place of Burial St Vincents

Date Dec 3rd 1907

Undertaker A F Rhulbin

Address 711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Powell

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

C-6949

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black -

DATE OF BIRTH Aug. 11, 1906

AGE 1 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S -

BIRTHPLACE (State or country)

FULL NAME OF FATHER Lloyd Thomas

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Florina Powell

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B. Pyle.

(Address)

Filed 12/2 1907 HENRY O. HARRIS, Registrar

CHIEF CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1907 to Dec. 30 1907 that I last saw h[illegible] alive on Nov. 30 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) 7 DAYS

Contributory (Primary.)

Enteritis (DURATION) 21 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St

Date Dec. 2, 1907

Place of Burial Metamora Cemetery

Date December 2 1907

Undertaker Felix B. Pyle

Address 102 E. Millbury St Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 608 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Schlabecker

{ Residence, if in Baltimore, Give Street and Number. } 608 W Cross St

C 6950

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Jan 18th 1845	
AGE: 62 years, 10 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Gery	
FULL NAME OF FATHER: George Schlabecker	
BIRTHPLACE OF FATHER (State or country): Gery	
MAIDEN NAME OF MOTHER: Elizabeth Gabel	
BIRTHPLACE OF MOTHER (State or country): Gery	
OCCUPATION OF DECEASED: Safe Maker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Margaret Schlabecker

(Address) 608 W. Crosst

Filed 12/2 1907 HARRY O. ANDREWS, CIRCUIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Nov 30 1907 that I last saw h in alive on Nov 29 1907, and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Arthritis

(DURATION) DAYS

Contributory (Primary.) diabetes

(DURATION) DAYS

(Signed) S. M. Lampson M.D.

Address 602 S. Paca St.

Date Dec 2 1907

Place of Burial Cedar Hill Com

Date Dec 3rd 1907

Undertaker E. Feldman & Son

Address 1036 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 3602 Cedar ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evlin B. Newdecker

{ Residence, if in Baltimore, Give Street and Number. } 3602 Cedar ave.

Duration of Residence in Baltimore. Life. C.6951

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 6th 1907

AGE — years, One months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER — Newdecker

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Ollie May Newdecker

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Dufaney

(Address) 3602 Cedar ave

Filed 12/3 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 3rd 1907 that I last saw her alive on Nov 30th 1907, and that death occurred, on the date stated above, at 10.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Mirasmus

(DURATION) 30 DAYS

(Signed) C. D. Pollin M.D.

Address 11 — N. 25th

Date Dec 2nd 1907

Place of Burial St Marys Hampden

Date Dec 3 1907

Undertaker Wm E Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

1307

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Boden Freeman

{ Residence, if in Baltimore, Give Street and Number. } 607 W. Saratoga St

C. 695N

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	1
AGE	43 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John Freeman
BIRTHPLACE OF FATHER (State or country)	Salisbury Md.
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. B. Freeman

(Address) 607 W Saratoga St

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Dec 3rd 1907 that I last saw h[illegible] alive on Dec 3rd 1907 and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate

Peritonitis following Hysterectomy

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Balto City Hospl

Date ... 190...

Place of Burial Salisbury Md

Date Dec 3 190...

Undertaker [illegible]

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 914 W Lexington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia P Coleman

{Residence, if in Baltimore, Give Street and Number.} 914 W. Lexington St.

Duration of Residence in Baltimore.

C. 6952

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH

AGE 78 years, months, days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Virginia.

FULL NAME OF FATHER Capt Charles

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee A Bindseil

(Address) 914 W Lex St.

Filed 12/3 1907 MARY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Dec 1 1907 that I last saw her alive on Dec 1 1907 and that death occurred, on the date stated above, at 11.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Stomach & Liver

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. W. McClelland M.D.

Address 834 N. Lombard St

Date Dec 1 1907

Place of Burial Loudon Park

Date Dec 4 1907

Undertaker Wm Cook

Address 1026 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 E Fort ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George L Pickton

{Residence, if in Baltimore, Give Street and Number.} 1102 E. Fort ave

Duration of Residence in Baltimore. Life. C.6954

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1 —	
AGE: 41 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto Md.	
FULL NAME OF FATHER: Geo D Rickton	
BIRTHPLACE OF FATHER (State or country): Balto Md	
MAIDEN NAME OF MOTHER: Mary E Sedden	
BIRTHPLACE OF MOTHER (State or country): Balto Md	
OCCUPATION OF DECEASED: Foreman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anne Rickton

(Address) 1102 E Fort ave

Filed 12/3 190 7 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2nd 1907.

I HEREBY CERTIFY, That I attended deceased from January 190 7 to Dec 1st 190 7.

that I last saw h[illegible] alive on Dec 1st 190 7.

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure -

asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Hemiplegia

(Apoplexy) (DURATION) 2 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto. St.

Date December 2nd 1907.

Place of Burial Cathedral Cem

Date Dec 5 190 7

Undertaker Wm Cook

Address 602 E Fort ave.

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. Belview av. and Garrison av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathais Erdwohl

{Residence, if in Baltimore, Give Street and Number.} 501 W. Lee St.

Duration of Residence in Baltimore. Six years. C.6955

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 29th 1883

AGE 24 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Erdwohl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theresa Ritter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Erdwohl

(Address) Lestel W. Arlington

Filed 12/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....,

and that death occurred, on the date stated above, at 7 15 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Injury to brain by being thrown from car in motion

(DURATION) DAYS

Contributory (Primary.) Cause unknown

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 702 Eaq. av. (Canton)

Date Dec. 3rd 1907

Place of Burial Loudon Park Cemetery

Date Dec. 3rd 1907

Undertaker Sons & Myers John H. Meyers

Address 501 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1420 Brunt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Brown

{Residence, if in Baltimore, Give Street and Number.} 1420 Brunt St

Duration of Residence in Baltimore. 14 yrs C.6956

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Unknown 1

AGE 48 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N. Carolina

FULL NAME OF FATHER William Brown

BIRTHPLACE OF FATHER (State or country) N. Carolina

MAIDEN NAME OF MOTHER Ann Bertha

BIRTHPLACE OF MOTHER (State or country) N. Carolina

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles D. Brown

(Address) 1144 Woodyear

Filed 12/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Dec 2 1907

that I last saw h— alive on Nov 30 1907,

and that death occurred, on the date stated above, at 5 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 6 mos DAYS

(Signed) Jno Masten M.D.

Address 852 W. North Ave

Date Dec 2 1907

Place of Burial Kath Cem Balto Co.

Date December 31 1907

Undertaker Isaac Brown

Address 565 W. Dolphin St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Perry Brooks

{ Residence, if in Baltimore, Give Street and Number. } 1004 Price Place

Duration of Residence in Baltimore. Life

C 6957

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Perry Brook

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Kate Rolls

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Brook

(Address) 1141 Park ave

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Dec 1 1907

that I last saw h alive on Dec 1 1907

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Leptiscemia

Stepped on rusty nail accidental

(DURATION) 5 DAYS

Contributory (Primary) Tetanus

(DURATION) 15 DAYS

(Signed) John F. Moore, M.D.

Address St Josephs Hosp.

Date Dec 2 1907

Place of Burial Mt Auburn

Date Dec 3 1907

Undertaker Alex Hinselwood

Address 578 N. Bickett st

WM. J. C. DULAN, CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1054 Argyle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma J. Henson

{ Residence, if in Baltimore, Give Street and Number. } 1054 Argyle Ave.

Duration of Residence in Baltimore. Twenty eight yrs

C 64 54

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: November 1	
AGE: 49 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Henson
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary E Jones
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Ladies Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Saunder

(Address) 1054 Argyle Ave

Filed 12/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Chas Baldwin M.D.

Address 700 Log. Ave. (Govans)

Date Dec. 2nd 1907

Place of Burial Laurel.

Date Dec 4 1907

Undertaker Alex Hornsby

Address 578 N Bentalou St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Taylor.

{ Residence, if in Baltimore, Give Street and Number. } Balto Md

Duration of Residence in Baltimore. 2yrs

C. 6959

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Alexandria Va

FULL NAME OF FATHER Jno Taylor.

BIRTHPLACE OF FATHER (State or country) West Indies.

MAIDEN NAME OF MOTHER Rebecca Breason.

BIRTHPLACE OF MOTHER (State or country) Alexandria Va.

OCCUPATION OF DECEASED Servant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Styles

(Address) Md. Penitentiary

Filed 12/3 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Nov 19 1907

that I last saw h[illegible] alive on Nov 19 1907

and that death occurred, on the date stated above, at 11:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

2

2 yrs. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Dixon Jr M.D.

Address 1808 N. Chas St

Date Nov 19 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 2 - 1907 1907

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES.

Morgue

WM. J. C. DULANY CO., BALTIMORE.

2.53

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Hamilton

{ Residence, if in Baltimore, Give Street and Number. } Md Penitentiary

Duration of Residence in Baltimore. 9 mos.

C 6960

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1882

AGE: 25 years, ___ months, ___ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S

BIRTHPLACE (State or country): Allegany Co. Md

FULL NAME OF FATHER: ___

BIRTHPLACE OF FATHER (State or country): ___

MAIDEN NAME OF MOTHER: ___

BIRTHPLACE OF MOTHER (State or country): ___

OCCUPATION OF DECEASED: waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. F. Cryer Warden

(Address) Md Penitentiary

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 16 1907

that I last saw him alive on Nov 16 1907

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

yrs. (DURATION) DAYS

Contributory (Primary.) Chronic Ryg

(DURATION) DAYS

(Signed) J. Thurdon Lomax M.D.

Address 1808 N. Charles

Date Nov 17 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 2- 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

250

Morgue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Ringgold

{Residence, if in Baltimore, Give Street and Number.} Bay View

C.6961

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Col.

DATE OF BIRTH .....1.....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Easton. Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM.

(Address)

Filed 12/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

262

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to Dec. 1 1907

that I last saw h in alive on Nov. 30 1907 at 3.30

and that death occurred, on the date stated above, at .....

9 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 DAYS

Con'ributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Dec. 1 190

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date DEC 2 - 1907 190

Undertaker William L. Wooden

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. 1720 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia C Evans

{ Residence, if in Baltimore, Give Street and Number. } Roanoke Va

Duration of Residence in Baltimore. 2 months C. 6962

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 13 1843

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Clarke Co Va

FULL NAME OF FATHER: Hiram Bell

BIRTHPLACE OF FATHER (State or country): Clarke Co. Va

MAIDEN NAME OF MOTHER: — Cunnell

BIRTHPLACE OF MOTHER (State or country): Clarke Co Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E Martin

(Address) 1720 St Paul

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 2 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1907 to Dec 2nd 1907 that I last saw her alive on Dec 2nd 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia with paralysis of respiratory & heart centers

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Bright's disease (DURATION) 8 years DAYS

(Signed) Clement A Penrose M.D.

Address 21 W. Mt Royal Ave

Date Dec 3d 1907

Place of Burial Roanoke Va

Date December 3rd 1907

Undertaker Henry H Jenkins Undertaking Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1191 W. Collington Ave St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number)

Full Name Olivier L. Roberts

{Residence, if in Baltimore, Give Street and Number.} 1191 W. Collington Ave.

Duration of Residence in Baltimore. Since Birth C. 64963

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 21st 1907

AGE: X years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Gardie L. Roberts

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Daisy Matthews

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Daisy Roberts

(Address) 1191 Collington Ave

Filed 12/3 1907

HARRY C. ANDERSON Registrar

PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov-1 1907 to Dec 2 1907

that I last saw him alive on Dec 2 1907

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

4 months (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Albertus Cullen M.D.

Address 1826 E Baltimore ~~December 3rd 1907~~

Date December 3rd 1907

Place of Burial Mt. Carmel Cem.

Date December 4 5 1907

Undertaker W. Allen Fidler

Address 2013 E Balto st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1231 Penna. Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanne Grove.

{ Residence, if in Baltimore, Give Street and Number. } 1231 Penna. Ave.

Duration of Residence in Baltimore. 39 Years

C 6.464

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 25th 1841

AGE: 66 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm Aumüller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Grove

(Address) 1231 Penna. Ave.

Filed 12/3 1907 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dcb. 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1907 to Dcb. 1st 1907 that I last saw her alive on Dcb. 1st 1907, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma
(Asthenia)

(DURATION) 26 DAYS

Contributory (Primary.) Diabetes

several years (DURATION) DAYS

(Signed) Robert Hoffmann M.D.

Address 1325 Park ave.

Date Dcb. 2nd 1907

Place of Burial Lorraine Cemetery

Date Dec. 4th 1907

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Burns Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard J Gamble

{Residence, if in Baltimore, Give Street and Number.} 206 Burns Court

C 6965

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: ...years, 2 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Clarence H Gamble
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Emma Schade
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 120 W. Fayette

Filed 12/3 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Nov 30 1907

that I last saw h.. alive on Nov 30 1907

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) Walter A Cot M.D.

Address 542 Fulton Ave

Date Dec 2 1907

Place of Burial Baltimore

Date Dec 3rd 1907

Undertaker John J Fields

Address 120 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 E Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Phillip Jager

{ Residence, if in Baltimore, Give Street and Number. } 607 E Clement St

Duration of Residence in Baltimore. Lifetime C.6466

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 11th 1850

AGE 57 years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Casper Jager

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Snyder Brother-in-law

(Address) 1417 Riverside Ave

Filed 12/3 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decem 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1907 to Decem 1 1907

that I last saw h. alive on Decem 1 1907,

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

18 hours (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Sullivan M.D.

Address 10 E Fort Ave

Date Decem 2 1907

Place of Burial Holy Cross C C Co

Date Dec. 4 1907

Undertaker E Hale

Address 116 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 Short St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Wilson

{ Residence, if in Baltimore, Give Street and Number. } 517 Short St.

Duration of Residence in Baltimore. Lifetime C. 1867

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dec 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New Orleans La

FULL NAME OF FATHER: Elias Wilson

BIRTHPLACE OF FATHER (State or country): Easton Shore Md

MAIDEN NAME OF MOTHER: Irene Robinson

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Wilson.

(Address) 517 Short St

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 1 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 — 1907 to Dec 1 — 1907

that I last saw him alive on Nov 30 — 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Hemorrhage

(DURATION) 5 DAYS

Con'tributory (Primary.) Phthisis Pulmonalis (DURATION) about 17 Years

(Signed) H. E. Harris M.D.

Address 1344 Druid Hill Ave

Date Dec 1 — 1907

Place of Burial Asbury

Date Dec 3rd 1907

Undertaker Wm J Jackson

Address 142 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

General German aged Home Registered No. B C 6968

City of Baltimore, (No. Baltimore & Payson sts Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katharine Baumgart

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: December (Month) 2 (Day) 1907 (Year)

AGE: 81 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henrich Listner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Elizabeth Bier

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record of German Home

(Address) Balto & Payson Sts

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to December 2 1907

that I last saw her alive on Nov. 29 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis. Very weak heart

(DURATION) 30 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) D Fred Reinhard M. D.

December 2 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 3 1907

UNDERTAKER: Jno B Cook

ADDRESS: 1003 Aliceanna

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2229 Pennsylvania Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J. Volker.

{ Residence, if in Baltimore, Give Street and Number. } 2229 Pennsylvania Ave,

Duration of Residence in Baltimore.

C. 6969

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 1st 1854

AGE: 53 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jacob Volker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Leather and Shoe Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Volker

(Address) 2229 Penna ave

Filed 12/3 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec, 2nd, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1905 to Dec, 2nd, 1907 that I last saw h.. alive on Dec, 2nd, 1907. 2.30 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Suddenly developed Pulmonary Oedema and Cardiac Failure

(DURATION) 4 hrs. DAYS

Contributory (Primary) Valvular disease of Heart (DURATION) 5 yrs. DAYS

(Signed) Wm. E. Miller M.D.

Address 2239 Penna, Ave

Date Dec, 2nd, 1907

Place of Burial Loudon Park

Date Dec 5th 1907

Undertaker Geo. Wilbur

Address 1155 N. Eutaw st.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 – Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Virginia allen

{ Residence, if in Baltimore, Give Street and Number. } 1306 – Lemmon St

Duration of Residence in Baltimore. 20

C 6970

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 26 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Towns Co Md

FULL NAME OF FATHER Arthur White

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Jones

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles allen

(Address) 1306 Lemmon St

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1st 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190 120

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Md Consumption

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edmund Jones M.D.
Coroners

Address

Date Dec. 3rd 190 7

Place of Burial Mt Auburn Cemetery

Date Dec. 3 190 7

Undertaker D H Hosier

Address 1097 Little Paca St

Attended by Dr Kenny & Edmunds

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 E Clement st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Junker.

{ Residence, if in Baltimore, Give Street and Number. } 104 E Clement st.

Duration of Residence in Baltimore. 60 yrs.

C 6971

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W

DATE OF BIRTH ? 1?

AGE 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cristina Junker

(Address) 104 E. Clement st

Filed 12/3 1907

HARRY C. ANL[illegible]
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Dec 1st 1907 that I last saw h[illegible] alive on Nov 30th 1907, and that death occurred, on the date stated above, at 2a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright

(DURATION) ? DAYS

Contributory (Primary.) Heart Lesion

(DURATION) ..... DAYS

(Signed) W. H. Hayden M.D.

Address 1425 Light st

Date Dec 2d 1907

Place of Burial Cedar Hill

Date Dec 4th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin H. Funkeldey

{ Residence, if in Baltimore, Give Street and Number. } 200 E Montgomery St.

Duration of Residence in Baltimore. Life

C 6972

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 26 1863

AGE: 44 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry J. Funkeldey

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Heckaser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand F. Funkeldey

(Address) 200 E Montgomery St

Filed 12/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 3 1907

that I last saw h.. alive on Dec 3 1907

and that death occurred, on the date stated above, at 11.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date 12/3 1907

Place of Burial Loudon Park

Date Dec 6 1907

Undertaker Wm. J. Tuckner & Son

Address Eastern & Fleet

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Thomas Joyner

{Residence, if in Baltimore, Give Street and Number.} 622 Light St

Duration of Residence in Baltimore. 62 years.

C 64973

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 12 1845

AGE: 62 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Willian Brown Joyner

BIRTHPLACE OF FATHER (State or country): Kent County Maryland

MAIDEN NAME OF MOTHER: Emily Jenkins

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Maryland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Jane Granger

(Address) 223 Warren Ave

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Found dead Dec 2 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw him alive on ... 190 ...

and that death occurred, on the date stated above, at ...

II. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Otho Ellinwood M.D.
Coroner

Address ...

Date December 3 1907

Place of Burial LOUDON PARK.

Date DEC 4 - 1907 190 ...

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the deceased during his last sickness or the Coroner, when the case comes under his tice, to furnish within **eighteen** hours after death, to the person superintending the burial, a certificate ting [illegible] as far as [illegible] whether married or single) of the person cease[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Harrison

{Residence, if in Baltimore, Give Street and Number.} 1153 Whatcoat

Duration of Residence in Baltimore. 15 yrs

C. 69724

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1881

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward Harrison

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Katie Bryant

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Harrison

(Address) 1153 Whatcoat

Filed 12/3 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 190 to Dec 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

accidentally burning to death in his Kitchen

Contributory (Primary) (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Thos. C. Jones M.D.

Address

Date Dec 3 1907

Place of Burial Mt Auburn Cem

Date Dec 4 1907

Undertaker Saml H. Case & Son

Address 1400 N. Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Mercy Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Amalia Jarowski C 6975

{ Residence, if in Baltimore, Give Street and Number. } 305 S. Bond St

Duration of Residence in Baltimore. 5 yr C.6975

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 2 1875

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Kazmyz Cegynski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Katazena Cegynska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jarowski

(Address) 305 S Bond St

Filed 12/3rd 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10.40 a m. CAUSE OF DEATH (Secondary or Immediate.)

Burns of body

Face

(Coal oil flame) (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Camillo M.D.

Address Corner Bond

Date Dec 2 07 190

Place of Burial Holy Rosary

Date Dec 4 1907

Undertaker J. Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Day Howard

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asy.

Duration of Residence in Baltimore. Lifetime

C.6976

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Nov 12, 1907

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincents Inf. Asy.

(Address) .....

Filed 12/3 1907 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Dec 1 1907

that I last saw her alive on Nov 30 1907

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 12-2 1907

Place of Burial New Cathedral

Date Dec 3 '07 1907

Undertaker Martin Gahey and Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Reedus

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime C. 6977

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W

DATE OF BIRTH Nov. 1 1907

AGE ..... years, 1 month, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent Inf. Asylum

(Address)

Filed 12/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Dec 2 1907

that I last saw him alive on Dec 1907,

and that death occurred, on the date stated above, at ....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) C. L. Mayuard M.D.

Address 1230 N Caroline

Date 12-2 1907

Place of Burial New Cathedral

Date December 3 1907

Undertaker Martin Fahey and Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Macky

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infs. Asy.

Duration of Residence in Baltimore. Lifetime

C 6976

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W
DATE OF BIRTH	Oct 23, 1907
AGE	1 month, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vin Inf. Asylum

(Address)

Filed 12/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 23 1907 to Dec 1 1907

that I last saw h. alive on Nov 30 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 12-2 1907

Place of Burial New Cathedral

Date December 3 1907

Undertaker Martin Fahey and Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2958 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie May Fred

{Residence, if in Baltimore, Give Street and Number.} 2958 Cedar Ave.

Duration of Residence in Baltimore. 17 years - C.6979

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 25 1871

AGE: 35 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John E Vaughn

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Bucher

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Fred

(Address) 2958 Cedar Ave

Filed 12/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 2 1907

I HEREBY CERTIFY, That I attended deceased from November 1907 to Dec 2 1907 that I last saw her alive on Dec 2 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Streptococcus Pneumonia

(Migratory in character)

DURATION 30 DAYS

Contributory (Primary.) Bronchitis.

DURATION 4 months

(Signed) A J Kelly M.D.

Address 3849 Roland Ave

Date Dec 3/07 1907

Place of Burial New Freedom Pa

Date Dec 4 1907

Undertaker A S Marshall

Address 3439 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie May Magness

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct Inf. Asy.

Duration of Residence in Baltimore. Lifetime

L 6980

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX F	COLOR W.	DATE OF DEATH Nov 30 1907
DATE OF BIRTH Sept. 19, 1907		I HEREBY CERTIFY, That I attended deceased from Sept. 19 1907 to Nov 30 1907
AGE ..... years, 2 months, 11 days		that I last saw h er alive on Nov 30 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED S.		and that death occurred, on the date stated above, at .....
BIRTHPLACE (State or country) City		M. CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER		Marasmus
BIRTHPLACE OF FATHER (State or country)		(DURATION) DAYS
MAIDEN NAME OF MOTHER		Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country)		(DURATION) DAYS
OCCUPATION OF DECEASED		(Signed) E. N. Maynard M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Address 1230 N Carolina
(Informant) St. Vin. Inf. Asy.		Date 12/2 1907
(Address)		Place of Burial New Cathedral
Filed 12/3 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar		Date Dec. 3. 1907
		Undertaker Martin Fahey and Son
		Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 678. W. Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Lucy Brizendine

{ Residence, if in Baltimore, Give Street and Number. } 678. W. Saratoga st.

Duration of Residence in Baltimore. Life

C 6981

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 2nd 1907

AGE — years, — months, 1 hr

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md.

FULL NAME OF FATHER Philip Brizendine

BIRTHPLACE OF FATHER (State or country) Essex Co Va

MAIDEN NAME OF MOTHER Eva Harmon

BIRTHPLACE OF MOTHER (State or country) Essex Co. Va.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Brizendine

(Address) 678 W Saratoga st

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1907 to Dec 2 1907 that I last saw her alive on Dec 2 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Difficult Labor and Version.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. W. Slater M.D.

Address 1703 W. Fayette St.

Date Dec - 2 1907

Place of Burial Western Cemetery

Date December 4 1907

Undertaker Jos. Goerdens, Son

Address 217 S. Pere

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 547 Mc Mechen St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Clara Gonion Slaughter

{ Residence, if in Baltimore, Give Street and Number. } 547 Mc Mechen St

C 6982

Duration of Residence in Baltimore. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR colored

DATE OF BIRTH Nov 30th 1907

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Garrison Alexander Slaughter

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Clara Emily Mills

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Garrison A. Slaughter Sr

(Address) 547 Mc Mechen St.

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3d 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30th 1907 to Dec 3d 1907 that I last saw h er alive on Dec 3d 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemmorrhage from umbilicus

(DURATION) 1 DAYS

Contributory (Primary.) Congenital weakness (DURATION) DAYS

(Signed) J. H. V. Stanton M.D.

Address 622 W Lombard St.

Date Dec 3 1907

Place of Burial Mt. Auburn

Date Dec. 4 1907

Undertaker Alex H Emsley

Address 618 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 v V

CERTIFICATE OF DEATH.

Registered No. B C 6983

City of Baltimore, (No. 734 Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlotte Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colored.

DATE OF BIRTH: (Month) (Day) 1831 (Year)

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Thomas.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Charlotte Thomas.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J. Dorsey

(Address) 730 Bradley St

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 3 1907 that I last saw her alive on Dec 1 1907, and that death occurred, on the date stated above, at 1.20 A. M. The CAUSE OF DEATH was as follows:

Bronchites
Broncho. Pneumonia

(DURATION) 2½ T. 3 DAYS

Contributory The age of the patient

(DURATION) DAYS

(Signed) Pearce Kintzing M. D.

12/3 1907 (Address) 1823 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: Dec 5 1907

UNDERTAKER: Alex H Emsley | ADDRESS: 578 N Biddle St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Madison Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice H. McClure

{Residence, if in Baltimore, Give Street and Number.} 1122 Madison Avenue

Duration of Residence in Baltimore. Lifetime

C 6984

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 14" 1907

AGE 82 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Joseph H. Coone

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER May Cave

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Murphy

(Address) 1302 Linden Ave.

Filed 12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2d 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 29 1907 to Dec 2nd 1907 that I last saw h[illegible] alive on Dec 1st 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. H. Tilby M.D.

Address 1113 Madison Ave

Date Dec 3 1907

Place of Burial Greenmount Cemetery

Date December 4" 1907

Undertaker Henry W. Means Jr

Address 7 West North Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 6985

City of Baltimore, (No. 1007 N North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Stern

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	February 18 (Month) (Day) Year)
AGE	88 years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	David Stern
BIRTHPLACE OF FATHER (State or country)	Hesse-Darmstadt
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 1807 N Monhan Ave

Filed 12/4 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2nd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1905 to Dec 2 1907 that I last saw him alive on Dec 2 1907, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Mitral regurgitation, arterio-sclerosis; senility

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Harry Adler M. D.

Dec 3 1907 (Address) 1804 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL [illegible] DATE OF BURIAL Dec 4 1907

UNDERTAKER J Ahrens & W Co ADDRESS 754 Eastern

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1744 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine Mehm

{Residence, if in Baltimore, Give Street and Number.} 1744 S. Charles St

Duration of Residence in Baltimore. Lifetime

C 6986

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 13th 1901

AGE: ....years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Mehm

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Rosa Vogel

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mehm

(Address) 1744 S. Charles st

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Dec 2 1907

that I last saw he alive on Dec 1st 1907,

and that death occurred, on the date stated above, at 10.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 17 DAYS

Contributory (Primary.) Pertitonitis

(DURATION) 3d DAYS

(Signed) H. K. Wiles M.D.

Address H. K. McCaskey & Dec 3rd 1907

Place of Burial London Park Cem

Date Dec 4th 1907

Undertaker E. Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427. N. Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. Jennie Marker

{ Residence, if in Baltimore, Give Street and Number. } 1427. N. Broadway.

Duration of Residence in Baltimore. 50 years

C. 6987

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH age 2 1822

AGE 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Stafford Co

FULL NAME OF FATHER Nathan Howard

BIRTHPLACE OF FATHER (State or country) Stafford Co Md.

MAIDEN NAME OF MOTHER Elizabeth Holly

BIRTHPLACE OF MOTHER (State or country) Stafford Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C M Demuth

(Address) 1427. N. Broadway

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2nd, 1907.

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1907 to Dec 2, 1907, that I last saw h[illegible] alive on Dec 2, 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis.

Several yrs. (DURATION) DAYS

Contributory (Primary.) Myocarditis

Gastritis (DURATION) Unknown

(Signed) E. L. Crutchfield M.D.

Address 1221 E. Preston St.

Date Dec. 4th, 1907.

Place of Burial Loudon Park

Date Dec 5 1907

Undertaker Robt J Turner

Address #1442 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1530 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Gebhardt

{ Residence, if in Baltimore, Give Street and Number. } 1530 Orleans St

Duration of Residence in Baltimore: Life

C 6988

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 16th 1870

AGE: 37 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Casper Gebhardt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Beer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Steelworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Phillips

(Address) 1530 Orleans St

Filed 12/14 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1907

I HEREBY CERTIFY, That I attended deceased from October 1907 to Nov 30th 1907, that I last saw h[illegible] alive on Nov 30 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) 30 DAYS

Contributory (Primary) Nephritis Chronic

(DURATION) 30 DAYS

(Signed) Elijah J. Russell M.D.

Address 428 N Broadway

Date Dec 2nd 1907

Place of Burial Schwartz Cemetery

Date Dec 4 1907

Undertaker Albert S Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonzo E Chadwick

{ Residence, if in Baltimore, Give Street and Number. } Columbus Ga

Duration of Residence in Baltimore. ?

C. 6991

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Alabama

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R McClean

(Address) J. H. Hospital

Filed 12/4 1907 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Dec 3 1907

that I last saw h alive on Dec 3 1907,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Addisons Disease

(DURATION) ... DAYS

Contributory (Primary.) Addisons Dis

(DURATION) ... DAYS

(Signed) W. S. Gatch M.D.

Address Johns Hopkins Hospital

Date December 4 1907

Place of Burial Columbus Georgia

Date Dec 4 1907

Undertaker Ballard & Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010 Sterling St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Margaret E McCaskey

{Residence, if in Baltimore, Give Street and Number.} 1010 Sterling St

Duration of Residence in Baltimore. Life

C6990

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 30 1905

AGE: 2 years, 8 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm C McCaskey

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine Liembach

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1010 Sterling St

Filed 12/4 1907

HARRY C [illegible]
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3d 1907

I HEREBY CERTIFY, That I attended deceased from 2d Dec 1907 to 3d Dec 1907

that I last saw her alive on 3d 1907

and that death occurred, on the date stated above, at 1-0c P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 1 DAY

(Signed) Saml J Love M.D.

Address 923 E Eager St

Date Dec 3d 1907

Place of Burial Cathedral

Date Dec. 5, 1907

Undertaker H. C. Niedfeldt

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 Gorsuch avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W Schafer

{ Residence, if in Baltimore, Give Street and Number. } 225 Gorsuch ave

Duration of Residence in Baltimore. Lifetime

C 6991

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 2 1906

AGE: 1 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William H Schafer

BIRTHPLACE OF FATHER (State or country): ~~Mary Schafer~~ Md.

MAIDEN NAME OF MOTHER: Mary Harpel

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Schafer

(Address) 225 Gorsuch ave

Filed 12/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Dec 3 1907

that I last saw him alive on Dec 3 1907

and that death occurred, on the date stated above, at 12 Am M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Mowry Whitbeck M.D.

Address 737 Gorsuch ave

Date Dec 3 1907

Place of Burial Camp Chapel, Berry Hall Md.

Date Dec. 5th 1907

Undertaker Henry L. Lassahn Jr

Address Fullerton Md.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 E. North Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Catherine Fahey

{Residence, if in Baltimore, Give Street and Number.} 826 E. North Ave

Duration of Residence in Baltimore. 53 years C6992

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH 1	
AGE 75 years, — months, — days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Michael Ryan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Ryan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 826 E. North Ave

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

Dr Robinson

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 2 1907

that I last saw her alive on Dec 2 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

——— (DURATION) DAYS

Contributory (Primary) Senility ——— (DURATION) DAYS

(Signed) J. N. Robinson M.D.

Address 726 E. Lanvale St

Date Dec 3 1907

Place of Burial Cathedral

Date Dec 5 — 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2991 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hora M Gross Gross

{ Residence, if in Baltimore, Give Street and Number. } 2997 E Monument St

Duration of Residence in Baltimore. Life C 669

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Fred Gross

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Bessie Gross

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Bessie Gross

(Address 2997 Monument St

Filed 12/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred Carruthers M.D.

Address Coroners Dept

Date Dec 3 07

Place of Burial Stebung Cemetery

Date Dec 5 1907

Undertaker R N Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 619 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Wilson

{ Residence, if in Baltimore, Give Street and Number. } 619 N. Bradford St.

C. 66944

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Wright

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Yates

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jane Williams

(Address) 1034 Wolfe

Filed 12/4 1907

HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1st Dec. 1907

I HEREBY CERTIFY, That I attended deceased from August 1907 to Dec. 1907

that I last saw her alive on Dec 1907,

and that death occurred, on the date stated above, at 11 p. m. CAUSE OF DEATH (Secondary or Immediate)

Anaemia

several mos. (DURATION) DAYS

Contributory (Primary) Dyspepsia

several mos. (DURATION) DAYS

(Signed) L. M. Boyle M.D.

Address 1431 Jefferson

Date 2nd Dec. 1907

Place of Burial Mt Lyon Cemetery

Date Dec 4 1907

Undertaker R St Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO. BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 6995

Registered No. B .....

City of Baltimore, (No. 607 N. Madeira St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David E. Jackson

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Negro
DATE OF BIRTH: Aug (Month) 28 (Day) 1880 (Year)	
AGE: 27 years, 3 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Daniel Jackson
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Henrietta Jackson
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Jackson

(Address) 607 N Madeira st

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: Dec (Month) 2 (Day) 1907 (Year)	

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 2 1907

that I last saw him alive on Dec 2 1907, and that death occurred, on the date stated above, at 10:45 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 mo (DURATION) ..... DAYS

Contributory Pulmonary Hemorrhage

Exhaustion (DURATION) ..... DAYS

(Signed) Samuel J. Thug M. D.

Dec 2 1907 (Address) 2309 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec 4 1907
UNDERTAKER: R. S. Elliott	ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 6986

City of Baltimore, (No. 40 E. 26th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie Michael

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feby (Month) 28 (Day) 1907 (Year)

AGE: — years, 9 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Harry J Michael

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Laura Singleton

BIRTHPLACE OF MOTHER (State or country): Harford Co. Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J. Michael

(Address) 40 E 26th St

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1907 to Dec 3rd 1907 that I last saw h[illegible] alive on Dec 3 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pneumonia & Debilitas (DURATION) 1 DAYS

Contributory Convulsions (DURATION) 4 hrs DAYS

(Signed) W. A Farr M. D.

Dec 3 1907 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? ....

PLACE OF BURIAL OR REMOVAL: Cardinal Hill Hartford Co

DATE OF BURIAL: Dec 5 1907

UNDERTAKER: A S Marshall

ADDRESS: 553 Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 711 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julian Kuczkuda

{ Residence, if in Baltimore, Give Street and Number. } Balto

Duration of Residence in Baltimore. life time

C 6691

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 26 1907

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Konrad Kuczkuda

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Helene Soja

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Konrad Kuczkuda

(Address) 711 S. Bond St

Filed 12/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1907

I HEREBY CERTIFY, That I attended deceased from December 1 1907 to December 1 1907 that I last saw him alive on December 1 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 5 DAYS

Contributory (Primary.)

convulsion (DURATION) 1 DAYS

(Signed) SJ Szwalski M.D.

Address 722 S. Ann St

Date December 5th 1907

Place of Burial St Stanislaus.

Date Wed DEC 4" 1907

Undertaker M F Vadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elvira Dzyuchs

{Residence, if in Baltimore, Give Street and Number.} 508 S. Wolfe st.

Duration of Residence in Baltimore. Life

C 6698

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	2 years, 2 months, - days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Dimmock Deyutis.
BIRTHPLACE OF FATHER (State or country)	Russia Poland.
MAIDEN NAME OF MOTHER	Hannia Drost.
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dimmock Deyutis.

(Address) 508 S. Wolfe St

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1907 to Dec 3rd 1907 that I last saw h[illegible] alive on Dec 3rd 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Herman J. Greene M.D.

Address 1937 Eastern Ave.

Date Dec. 3rd 1907

Place of Burial Holy Rosary.

Date Wed Dec 4 1907

Undertaker M. F. Vadowski

Address 703 E. Ann St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 New St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Summerville

{Residence, if in Baltimore, Give Street and Number.} 415 New St

Duration of Residence in Baltimore. life

C. 16699

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Jones

(Address) 1052 Argyle ave

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 3 1907

that I last saw h— alive on Dec 2 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 8 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 8 DAYS

(Signed) C H Feise M.D.

Address 1128 Park Ave

Date Dec 3 1907

Place of Burial St Peters Cemetery

Date Dec 5 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7000 Registered No. B 93 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 754 Vine St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James L. Garrison

{Residence, if in Baltimore, Give Street and Number.} 754 Vine St.

Duration of Residence in Baltimore. Lifetime (6 mos) C. 700

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1 —

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James Garrison

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Ida Garrison

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Garrison

(Address) 754 Vine st

Filed 12/4 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Dec 3 1907

that I last saw h-im alive on Dec 3 1907

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Asthenia - Exhaustion

about 2 weeks (DURATION) DAYS

Con'tributory (Primary.) Asthenia

Exhaustion about (DURATION) 7 DAYS

(Signed) E. F. Munoz M.D.

Address 1801 Guilford Ave

Balto Med Disp - 651 W. Lex. St

Date 12/4 1907

Place of Burial Mt Auburn Cemetery

Date Dec. 5 1907

Undertaker Felix B Pege

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7001 Registered No. B C 7001

79 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2623 Florence St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Louise E. Stimmel

{Residence, if in Baltimore, Give Street and Number.} 2623 Florence St.

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Mar 4th 1840

AGE 67 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Elijah Buthlow.

BIRTHPLACE OF FATHER (State or country) D.C.

MAIDEN NAME OF MOTHER Mary L. —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. D. Spook

(Address) 5 Butchers Lane

Filed 12/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 6.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Clinton Settlemeyer M.D.

Address 1918 N. Chas. Corner

Date Dec 3 — 07 1907

Place of Burial London Park

Date Dec 5th 1907

Undertaker Putnam & Gore

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 7002 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geraldine Shea.

{ Residence, if in Baltimore, Give Street and Number. } 1812 Lightsel

Duration of Residence in Baltimore. Life.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Dec 3 1907
AGE	..... years, ... months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	James Shea
BIRTHPLACE OF FATHER (State or country)	Balto, Md.
MAIDEN NAME OF MOTHER	Gertrude Flannigan
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Shea Father

(Address) 1812 Light St.

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 3 1907 that I last saw h— alive on Dec 3 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Croup.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Mary Dalton Bacon M.D.

Address 828 N. Carrollton Ave

Date Dec 3 1907

Place of Burial Cathedral Cemetery

Date Dec 4 1907

Undertaker Neil & Margaret G. Flynn

Address 42 S. West St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 20

Registered No. B C 7003

C 7003

CERTIFICATE OF DEATH.

(Place of Death.) No. 811½ Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick A Scott

{Residence, if in Baltimore, Give Street and Number.} 811½ Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 23 1873

AGE 34 years, 2 months, 9 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Alex. Scott

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Ellen Davis

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Marble Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Scott.

(Address) 811½ Frederick Ave

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1907 to Dec 2 1907

that I last saw h alive on Dec 1 1907

and that death occurred, on the date stated above, at 4.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) DAYS

(Signed) Henry D Baker M.D.

Address Irvington

Date December 7 1907

Place of Burial Mt Olivet Cem

Date Dec 9 1907

Undertaker J D B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 7004 Registered No, B C 7004

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma O Woods

{ Residence, if in Baltimore, Give Street and Number. } 717 Appleton or Lifetime

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 13 1825

AGE 82 years, 6 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Barger

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Hay

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo B Woods

(Address) 717 E Appleton St

Filed 12/4 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 3rd 1907 that I last saw her alive on Dec 2 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date Dec 4th 1907

Place of Burial London Park

Date Dec 5 1907

Undertaker Jno B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 7005 Registered No. B C 7005

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 107½ Stafford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E Taylor

{Residence, if in Baltimore, Give Street and Number.} 107½ Stafford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 28 1857

AGE: 50 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Francis W Baker

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah E Baker

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John H Taylor

(Address) 107½ Stafford St

Filed 12/4 1907 HARRY C. ANDR... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Dec 2 1907 that I last saw her alive on Dec 2 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia

(DURATION) 7 DAYS

Contributory (Primary) Typhoid Fever (DURATION) 14 DAYS

(Signed) Howard W Jones M.D.

Address Irvington Md

Date Dec 3 07 1907

Place of Burial Mt Olivet

Date Dec 6/07 1907

Undertaker Wm Cook

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7006 Registered No. B C 7006

CERTIFICATE OF DEATH.

(Place of Death.) No. 941 Penna. Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Jacobs

{Residence, if in Baltimore, Give Street and Number.} 941 Penna Ave

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible] "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 12/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 19th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

died Suddenly (DURATION) ... DAYS

Contributory (Primary) Intracerebral

Hemorrhage (DURATION) ... DAYS

(Signed) Julian Brockman M.D.

Address Two Log. Av. (Lennox)

Date Nov. 2nd 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 1 - 1907 190 ...

Undertaker Health Department

Address ...

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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KODAK SAFETY FILM

Ward 9 Registered No. B C 7007

C 7007

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Clarke

{Residence, if in Baltimore, Give Street and Number.} 1704 Orleans St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 12/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 1 1907 that I last saw him alive on Dec 1 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital 1013

Date ... 1907

Place of Burial JOHNS HOPKINS HOSPITAL DEC 4 - 1907

Date ... 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 7 — C 7008 — Registered No. B C 7008

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 Light Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin Hacker

{Residence, if in Baltimore, Give Street and Number.} 926 Light St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 22 1843

AGE: 64 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prm

FULL NAME OF FATHER: Samuel Hacker

BIRTHPLACE OF FATHER (State or country): Prm.

MAIDEN NAME OF MOTHER: Susan Hacker

BIRTHPLACE OF MOTHER (State or country): Prm.

OCCUPATION OF DECEASED: Saddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. H. Metcalfe

(Address) 926 Light St.

Filed 12/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1907 to Dec 3 1907

that I last saw him alive on Dec 3 1907.

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Melvin M.D.

Address 1303 W North Ave

Date Dec 3 1907

Place of Burial Loudon Park

Date November 5th 1907

Undertaker Howard E. Tully

Address 807 Ridgely Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7009. Registered No. B ..... C 7009

98

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mariana Muciak

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 12/4 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Dec. 3 1907

that I last saw h[illegible] alive on Dec 3 1907,

and that death occurred, on the date stated above, at 9.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilitation

..... (DURATION) ..... DAYS

Con'tributory (Primary) Emphysema

..... (DURATION) ..... DAYS

(Signed) Robt-P. Bay M.D.

Address Bay View

Date Nov 3 1907

Place of Burial Holy Rosary

Date Dec 5 1907

Undertaker Jos. Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 C 7010 Registered No. B C 7010

CERTIFICATE OF DEATH.

(Place of Death.) No. Ohio Ave & Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Merican

{Residence, if in Baltimore, Give Street and Number.} 1121 Briscoe St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ~~White~~ Colored

DATE OF BIRTH Unknown

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Annapolis Md

FULL NAME OF FATHER Casa Merican

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Margaret Pinkney

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Thompson (Catherine)

(Address) 1121 Briscoe St

Filed 12/4 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Crushed skull

Run over by car of B & O R.R.

drawn by Engine 1261

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. W. Kemindt M.D.

Coroner

Address

Date December 3 1907

Place of Burial Annapolis Md

Date Dec 5 1907

Undertaker Jas N Toadvine

Address 142 West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7011

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7011

Registered No. B .....

City of Baltimore, (No. 19, Poultney St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Viola M Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 29 1907 (Month) (Day) (Year)

AGE: ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: *

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Chas B Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Edna M Goldhammer

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) C B Smith

(Address) 19 Poultney

Filed 12/4 190 7

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3 (Month) (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 29 190 7 to Dec 3 190 7 that I last saw her alive on Dec 2 190 7, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) 34 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J H Cochran M.D.

Dec 3 190 7 (Address) 1303 John

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: CEDAR HILL.

DATE OF BURIAL: DEC 4 - 1907

UNDERTAKER: Armstrong Denny Co.,

ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Balti

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to f ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cau

HEALTH DEPARTMENT, City of Baltimore.

C 7012

Ward 17 C 7012 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Penna ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter McNerney McNerney

{Residence, if in Baltimore, Give Street and Number.} 1003 Penna.

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 23 1899

AGE: 10 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Amsterdam N.Y.

FULL NAME OF FATHER: John McNerney

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Maggie Troy

BIRTHPLACE OF MOTHER (State or country): New York.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David McNerney

(Address) 1003 Penna Ave

Filed 12/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 4 1907

that I last saw him alive on Dec 4 1907

and that death occurred, on the date stated above, at 3-30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Scarlet Fever

(DURATION) 4 DAYS

Con'ributory (Primary.) Heart failure (DURATION) 1 DAY

(Signed) T. E. Daugherty M.D.

Address 2506 Penna av

Date Balto Dec 4 1907

Place of Burial London Park Cemetery

Date Prov 5th 1907

Undertaker Stewart & Mowen Co

Address 213 Park ave

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward V

C 7013 Registered No. B C 7013

CERTIFICATE OF DEATH.

11 V

(Place of Death.) No. 2006 E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev John Rose

{Residence, if in Baltimore, Give Street and Number.} 2006 E Pratt

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Rose

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Regina Christiana

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED P E Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara Lavinia Rose Pratt

(Address) 2006 E Pratt St.

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3d 1907 to Dec 4th 1907

that I last saw h. alive on Dec 4th 1907,

and that death occurred, on the date stated above, at 6 30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Contusion

(DURATION) 30 DAYS

Contributory (Primary.)

do do (DURATION) DAYS

(Signed) C. H. Scudder M.D.

Address P. S. Patterson P.R. Cor.

Date Dec 4th 1907

Place of Burial Loudon Park.

Date DEC 6- 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7014

934

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7014

City of Baltimore, (No. 1007 N Morris ct St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilton Blake

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Negro

DATE OF BIRTH: — (Month) — (Day) 1883 (Year)

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Blake

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Fannie — —?

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Coates

(Address) 607 Morris Street

Filed 12/5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Dec 4 1907 that I last saw him alive on Dec 3 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Double Pneumonia probably following Measles suffered from Consumption

(DURATION) — DAYS

Contributory

(DURATION) DAYS

(Signed) W H Lewis M. D.

Dec 4 1907 (Address) 1220 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laneral

DATE OF BURIAL: Dec 1907

UNDERTAKER: Charles Burkett

ADDRESS: 562 Bloom

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 7015 Registered No. B C 7015

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138. Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Vierick

{Residence, if in Baltimore, Give Street and Number.} 1138. Gilmor St

Duration of Residence in Baltimore. 57 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 12th 1836

AGE 71 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Vierick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Frigge

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Jourdens

(Address) 207 S. Paca

Filed 12/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26th 1907 to Dec 4" 1907

that I last saw h alive on Dec 4" 1907,

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary) Parenchymatous nephritis (DURATION) 7 DAYS

(Signed) W Blayney M.D.

Address 1108. Gilmor St

Date Dec 4" 1907

Place of Burial London Park Cem

Date December 7. 1907

Undertaker Geo. Jourdens. Jun

Address 217 S. Paca "

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7016 Registered No. B ..... C 7016

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Medley

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1907 to Dec. 4 1907 that I last saw h im alive on Dec. 4 1907, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Con ributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Dec. 4 1907

Place of Burial Asbury

Date Dec 5 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 7017 Registered No. B C 7017

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 805 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Lee Evison

{ Residence, if in Baltimore, Give Street and Number. } 805 Vine St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col'd

DATE OF BIRTH Unknown 1

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co Md.

FULL NAME OF FATHER Peter Hewson

BIRTHPLACE OF FATHER (State or country) Howard Co Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phil Evison

(Address) 805 Vine St

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 3 1907 that I last saw her alive on Dec 3 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

3 mos (DURATION) ..... DAYS

Con'ributory (Primary.) Pulmonary Oedema (DURATION) 12 hrs DAYS

(Signed) E Monroe M.D.

Address 139 W Fay Ave

Date Dec 3 1907

Place of Burial Montgomery Co Md Sandy Spring

Date Dec 5 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7018 Registered No. B C 7018

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1223 Marshall St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Wendell

{Residence, if in Baltimore, Give Street and Number.} 1223 Marshall St

Duration of Residence in Baltimore. ~~Born~~ One Month, 18 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct. 18th 1907
AGE	— years, 1 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Geo. Wendell
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Viola Aquiard
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Judson Miller

(Address) 2029 W. Balto St

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Dec 2 1907

that I last saw him alive on Dec 2 1907

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulation - asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Bronchopneumonia

(DURATION) 5 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto St.

Date Dec 4th 1907

Place of Burial Cedar Hill

Date Dec 5th 1907

Undertaker Jos. Stumbler

Address 818 Light st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7019 Registered No. B C 7019

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 N. Lakewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Benton Hewett

{ Residence, if in Baltimore, Give Street and Number. } 119 N. Lakewood ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 1834

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Thomas Hewett

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Sea-Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Hewett

(Address) 119 N. Lakewood ave

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 17 1907 to Dec. 3 1907

that I last saw h alive on Dec. 3 1907.

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date 1907

Place of Burial Baltimore Cem.

Date Dec. 6th 1907.

Undertaker Jno. A. Inman

Address Bank & Amity

V

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 7020 — Registered No. B C 7020

CERTIFICATE OF DEATH.

(Place of Death.) No. 237 N. Patterson park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosalea A. Giles

{Residence, if in Baltimore, Give Street and Number.} 237 N. Patterson pk ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 23 1892

AGE 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Alonzo Giles

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Sheridan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Sales Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Giles

(Address) 237 N. Patterson Park Ave

Filed 12/5 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to Nov 3 1907

that I last saw her alive on Nov 3 1907

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

..... (DURATION) ..... DAYS

Con ributory (Primary)

..... (DURATION) ..... DAYS

(Signed) J T Spicknall M.D.

Address 1411 Patterson Pk Ave

Date Nov 4 1907

Place of Burial Mt. Carmel

Date Dec. 7 1907

Undertaker Jos. J. Myers

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 7021

C 7021

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Gold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Chase

{Residence, if in Baltimore, Give Street and Number.} 509 Gold street,

Duration of Residence in Baltimore. Thirty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1841

AGE: 60 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Annville Co Md

FULL NAME OF FATHER: Thomas Chase

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Thomas

BIRTHPLACE OF MOTHER (State or country): Prince Georges Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adline Bailey

(Address) 509 Gold St

Filed 12/5 1907

HARRY C. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1907 to Dec 4 1907 that I last saw h. in alive on Dec 3rd 1907 and that death occurred, on the date stated above, at 12 p.m. CAUSE OF DEATH (Secondary or Immediate)

B Septic infection

(DURATION) 8 DAYS

Contributory (Primary.) Ulceration of small toe (DURATION) 21 DAYS

(Signed) D. Grantforth M.D.

Address 352 W. Biddle st

Date December 1907

Place of Burial Mt Auburn

Date Dec 5th 1907

Undertaker Merch & Poland

Address Mt Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 — C 7023 — Registered No. B C 7023 / 94

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie Keim

{Residence, if in Baltimore, Give Street and Number.} 3 E. Williamson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 24 1900

AGE: 7 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo. W. Keim

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Lena Rickarts

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Keim

(Address) 3 E. Williamson St.

Filed 12/5 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4 1907

I HEREBY CERTIFY, That I attended deceased from November 4 1907 to December 4 1907

that I last saw him alive on Dec. 4, 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Empyema

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. Hartzell M.D.

Address Franklin Square Hospital

Date December 4, 1907

Place of Burial Cedar Hill Cemetery

Date Dec. 7th 1907.

Undertaker James Dignan & Sons

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7022 Registered No. B C 7022

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1118 Ridsley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Madalin White

{ Residence, if in Baltimore, Give Street and Number. } 1118 Ridsley St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 15 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James White

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Elizabeth Leonard

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James White

(Address) 1118 Ridsley St

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 4 1907 that I last saw h.. alive on Dec 3 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis

(DURATION) 9 DAYS

Contributory (Primary.) Entheria

(DURATION) 1 DAY

(Signed) J. E. Lynn M.D.

Address 355 Columbia Ave

Date Dec 4 1907

Place of Burial Holy Cross Cemetery

Date DEC 6 1907

Undertaker James Dignan & Son

Address 759 W. Lexington

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 7024 Registered No. B C 7024

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 ward St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John. w. Prouts

{Residence, if in Baltimore, Give Street and Number.} 1425 ward

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Prout

(Address) 1425 ward St

Filed 12/5 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1907

I HEREBY CERTIFY, That I attended deceased from (a corner) 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 190 a m. CAUSE OF DEATH (Secondary or Immediate)

Pathria Pallidum Pneumonia Hemorrhage

(DURATION) 2 Days

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Frank Jones M.D.

Coroner

Address

Date Dec 4 1907

Place of Burial Mt Zion

Date Dec 5 1907

Undertaker Jno. A. Trader

Address 1142 Wistic St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the deceased during his last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, a certificate setting forth, as far as the information will enable him, the name, age, sex, color, birthplace, residence, occupation and condition (whether married or single) of the person deceased, and the disease or cause of death; and the undertaker, or other person superintending the burial, a certificate

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40 ✓

CERTIFICATE OF DEATH.

Registered No. BC 7025

City of Baltimore, (No. 1917 West Lanvale Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Annie E. McCoy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 29 (Day) 1843 (Year)

AGE: 64 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Centerville Pa.

FULL NAME OF FATHER: James H. Coons

BIRTHPLACE OF FATHER (State or country): Cumberland Valley Pa.

MAIDEN NAME OF MOTHER: Mary ann Boor

BIRTHPLACE OF MOTHER (State or country): Cumberland Valley Pa.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Julia Hickerson

(Address) 1917 W. Lanvale ave

Filed 12/5 190 7

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1907 to Dec. 2 1907

that I last saw her alive on Dec. 2, 1907,

and that death occurred, on the date stated above, at 11 P M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

about 2 years (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) J. B. Joyce M. D.

Dec 3 1907 (Address) 1800 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Dec 5 1907

UNDERTAKER: Geo Bentz — ADDRESS: 594 N. Biddle St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 7026 — Registered No. B C 7026

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lonnin

{Residence, if in Baltimore, Give Street and Number.} 919 N. Wolfe st

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Nov. 15th 1906

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Lonnin

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Belsky

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Lonnin

(Address) 919 N. Wolfe St.

Filed 12/5 1907 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1907

I HEREBY CERTIFY, That I attended deceased from November 15 1907 to December 5 1907 that I last saw h[er] alive on Dec. 5 1907 and that death occurred, on the date stated above, at 3:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Debility

Premature Birth (DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. A. Meyer M.D.

Address 1031 N. Caroline st

Date December 5th 1907

Place of Burial Holy Redeemer

Date Dec. 5 1907

Undertaker Frank Brach

Address 1914 Eden Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7027 Registered No. B

CERTIFICATE OF DEATH.

C 7027

(Place of Death.) No. 1507 N. Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick G. Huth

{ Residence, if in Baltimore, Give Street and Number. } 1507 N. Montford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 28 1907

AGE: ... years, ... month's, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: F. G. Huth

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alma C. Bistendorf

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant F. G. Huth

(Address 1507 N. Montford ave

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1907 to Dec 4th 1907

that I last saw h[illegible] alive on Dec 3rd 1907

and that death occurred, on the date stated above, at 12 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Stamus neonatorum

DURATION 1 day DAYS

Contributory (Primary)

DURATION DAYS

(Signed) [illegible] M.D.

Address 1501 E Eager St

Date Dec 4th 1907

Place of Burial Baltimore. Cem.

Date DEC 5 1907 190

Undertaker Albert E Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 7028 Registered No. B C 7028

167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1115. W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eloise R. Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 1115. W. Lexington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 17 1903

AGE 4 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jos B Mitchell

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary A. Fefel

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Mitchell

Address 1115 W Lexington St

Filed 12/5 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

accidentally set fire to her clothes while lighting a lamp with match

(Shock) (DURATION) 2 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Frank Jones M.D.
Coroners

Address

Date Dec 5th 1907

Place of Burial Mt. Olivet Cem.

Date December 5th 1907

Undertaker Wm B. Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C 7029 Registered No. B C 7029

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 735 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Homberg

{ Residence; if in Baltimore, Give Street and Number. } 735 W. Pratt St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 16th 1885

AGE 22 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frederick Homberg

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Lee

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Homberg

(Address) 735 W. Pratt St.

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 18 1907 to Dec. 4 1907 that I last saw him alive on Dec. 3 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

four months (DURATION) DAYS

Contributory (Primary)

Cardiac asthenia (DURATION) 2 DAYS

(Signed) J. Morley Hoag M.D.

Address 1721 Columbia Ave

Date Dec. 4 1907

Place of Burial Baltimore Cemetery

Date Dec. 6th 1907

Undertaker Jno. & Jas. John H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7030

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7030

City of Baltimore, (No. 1703 W. Lexington St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Drucilla Preston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 16 (Month) (Day) 1818 (Year)

AGE: 89 years, 4 months, 18 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: — Williams

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Billups

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. B. Preston

(Address) 1703 W Lexington St

Filed 12/5 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Dec 4th 1907 that I last saw h[illegible] alive on Dec 3rd 1907, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Old age & Senility

(DURATION) [illegible] DAYS

Contributory —

(DURATION) DAYS

(Signed) W. A. Hill M. D.

Dec 4 1907 (Address) 1200 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Williams Wharf Mathews Co Va

DATE OF BURIAL: Dec 5 1907

UNDERTAKER: Wilbur H. Shriver

ADDRESS: 816 E. Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 7031 Registered No. B C 7031

CERTIFICATE OF DEATH.

94

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Gundlach

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 13th 1837

AGE: 70 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Earnest Gundlach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Gerstung

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1907 to Dec 4 1907 that I last saw h~~im~~ alive on Dec 4 1907, and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema & Lungs

(DURATION) DAYS

Con'tributory (Primary.) Nephritis -

Bronchi-Pneumonia (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 4 1907

Place of Burial Trinity Cemetery

Date Dec. 5th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue,
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7032 Registered No. B C 7032

CERTIFICATE OF DEATH.

(Place of Death.) No. 200 N. Luzerne St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ruth E Franke

{Residence, if in Baltimore, Give Street and Number.} 200 N. Luzerne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Sept 1903

AGE 4 years, 2 months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H. Franke

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eddie Barnett

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Franke

(Address) 200 Luzerne St

Filed 12/5 1907 MARY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 4 1907

that I last saw her alive on " " 1907,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C C Deaver M.D.

Address 15 Eyrnton Ave

Date Dec 4 1907

Place of Burial Baltimore County

Date Dec 6 1907

Undertaker Wm J Schaeffer

Address 8 E. Fort St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 10 C 7033 Registered No. B C 7033

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 N Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. William H. Bacon

{ Residence, if in Baltimore, Give Street and Number. } 822 Vincent St.

Duration of Residence in Baltimore. 20 yrs—

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored—

DATE OF BIRTH 1878.

AGE 29 years, ____ months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married—

BIRTHPLACE (State or country) Howard County Md.

FULL NAME OF FATHER Oliver Bacon

BIRTHPLACE OF FATHER (State or country) Howard County Md.

MAIDEN NAME OF MOTHER Liza Cotely

BIRTHPLACE OF MOTHER (State or country) Howard County Md.

OCCUPATION OF DECEASED Laborer (Dairy)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) His wife & mother

(Address) 822 Vincent St.

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4th, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3rd 7 AM 1907 to Dec 4th 1907 that I last saw h[illegible] alive on Dec 4th, 1907, and that death occurred, on the date stated above, at 9 AM.

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure and Strangulation from accumulated debris from affected lung—

(DURATION) 8 hours

Contributory (Primary) Lobar Pneumonia

(DURATION) 6 DAYS

(Signed) J. Montjoies Hayes M.D.

Address 1901 N. Stricker St.

Date Dec. 4th 1907.

Place of Burial Laurel Cemetery Co. Md.

Date Dec 6 1907

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 169 C 7034 Registered No. B C 7034

994 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lingan J. Ball

{ Residence, if in Baltimore, Give Street and Number. } Cambridge Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Nov. 4th 1904

AGE 2 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Saml. J. Ball

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mattie Spicer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml J Ball

(Address) Cambridge Md

Filed 12/5 1907 HARRY C. ANDERSON Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Dec 5 1907 that I last saw him alive on Dec 5 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Abscess of lung

(DURATION) 50 DAYS

(Signed) Geo. R Jones M.D.

Address Md Homoeopathic Hospital

Date Dec 5 1907

Place of Burial Cambridge Md

Date Dec 5 1907

Undertaker G. F. Walker

Address 723 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7035 Registered No. B C 7035

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 Druid Hill ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred W. Speaks.

{Residence, if in Baltimore, Give Street and Number.} 1524 Druid Hill ave.

Duration of Residence in Baltimore. 3 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: May 18 1907

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: alfred l speaks

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: mary kallam

BIRTHPLACE OF MOTHER (State or country): va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mr Alfred L speaks

(Address) 1524 Druid Hill ave

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 3. 1907 to Dec 4 1907 that I last saw h i alive on Dec 4 1907, and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Bronchitis ?

(DURATION) 6 mos ?

(Signed) Wm. H. Wright M.D.

Address 1373 N. Cooley St.

Date Dec. 4, 1907

Place of Burial Mt Auburn Cemetary

Date Dec 6 1907

Undertaker Feliz & Pyle

Address 152 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7036 Registered No. B C 7036

CERTIFICATE OF DEATH.

91 V

(Place of Death.) No. 2405 Longrow Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Stewart

{ Residence, if in Baltimore, Give Street and Number. } 2405 Longrow Alley.

Duration of Residence in Baltimore. Fifty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Lloreay

(Address) 2405 Lovegrove Alley

Filed 12/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Dec 4 1907

that I last saw her alive on Dec 4 1907,

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Schmidt M. D.

Address 424 East 23 St

Date Dec 4 1907

Place of Burial Int Auburn Cemetery

Date Dec 6. 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, [illegible]

Ward 14 C 7037 Registered No. B C 7037 682

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 Robert St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Alice A Shorey

{Residence, if in Baltimore, Give Street and Number.} 307 Robert St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER H. B. Shorey

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Martha Tyler

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) H. B. Shorey

(Address) 307 Robert St

Filed 12/5 1907 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Dec 5th 1907

that I last saw her alive on Dec 5th 1907

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate

Coma, following an attack of acute Central irritation.

10 or 12 hours (DURATION) DAYS

Contributory (Primary.) Acute Mania

About one week (DURATION) DAYS

(Signed) John A Pennington M.D.

Address The Marlborough

Date Dec 6th 1907

Place of Burial Greenmount

Date Dec 6 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FILM

10

C 7038

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

5 6 V

CERTIFICATE OF DEATH.

C 7038

Registered No. B.....

City of Baltimore, No. Balto. City Jail St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmund McGlew

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B S Hayden

(Address) 1216 N Carrollton Ave

Filed 12/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 5-th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Coroner's to Dec 1907

that I last saw h..... alive on ..... 190—,

and that death occurred, on the date stated above, at 10 — P. M. The CAUSE OF DEATH, was as follows:

Pneumonia, Superinduced by Alcoholism

Chronic Bright's Disease

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M. D.

Dec 8 1907 (Address) 1216 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: Dec 6 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Has also been committed as McGlew

Asst

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C 7039 — Registered No. B C 7039

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp, St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Percival Peters.

{Residence, if in Baltimore, Give Street and Number.} 2847 Penna. Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Aug 3 / 1863

AGE 42 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER C & Peters

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER M L Penn

BIRTHPLACE OF MOTHER (Stute or country) Maryland.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Peters

(Address) 2874 Penn Ave

Filed 12/16 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-6 — 1907

I HEREBY CERTIFY, That I attended deceased from 12-1 1907 to 12-6 1907 that I last saw him alive on 12-6 1907, and that death occurred, on the date stated above, at 5- a. M. CAUSE OF DEATH (Secondary or Immediate)

Aphasia

DURATION) DAYS

Contributory (Primary) Nephritis (DURATION) 2 Years

(Signed) W. W. Bowie M.D.

Address Md. Gen. Hosp.

Date Dec. 6, 1907

Place of Burial Leuden Park

Date Dec 8 1907

Undertaker Josiah Leffler

Address 1600 W Baltic Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 4 — C 7040 — Registered No. B C 7040

CERTIFICATE OF DEATH.

(Place of Death.) No. Hotel Stafford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Sutton Laimbeer

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1870

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Lee Stevens

BIRTHPLACE OF FATHER (State or country): Washington

MAIDEN NAME OF MOTHER: Miss Sutton

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Actress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address)

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 5 1907

that I last saw h— alive on — 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wound in head.

Suicide.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. W. Hardin M.D.

Address 216 E. Caroline St

Date Dec. 6 1907

Place of Burial New York City N.Y.

Date December 6th 1907

Undertaker Enos & Spence

Address 118 N. McAboy St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 7042 Registered No. B C 7042

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Tilghman

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Sept. 1903

AGE: 4 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Tilghman

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary Campbell

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mother Mildred

(Address) St Elizabeth's Home

Filed 12/6 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to Dec. 4 1907

that I last saw h alive on Dec. 3 1907,

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

6 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolyne St

Date Dec. 4 1907

Place of Burial Cathedral Cemetery

Date Dec. 6 1907

Undertaker Felix R. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 7041 Registered No. B C 7041

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1133 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ferdinand Korff.

{Residence, if in Baltimore, Give Street and Number.} 1133 Light St.

Duration of Residence in Baltimore. 59 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male. COLOR: white

DATE OF BIRTH: July 22 1834

AGE: 73 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Oberkirchen, Germany

FULL NAME OF FATHER: Louis Korff.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Meta Hoelting

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Cabinetmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Korff

(Address) 1043 N. Stricker Ave.

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Dec 5 1907 that I last saw h[illegible] alive on Dec 3rd 1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypertrophy of Heart about One Year (DURATION) DAYS

Con tributory (Primary.) Prostrating (DURATION) 14 DAYS

(Signed) Chas L. Taddiustohn M.D.

Address 118 S. Eden st.

Date Dec 5 1907

Place of Burial Loudon Park Cemetery

Date Dec 6 1907

Undertaker George Bruns

Address 554 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 4 C 7043 Registered No. B C 7043

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Adele De Shiel

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Oct. 4, 1907

AGE ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Adele De Shiel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1907 to Dec. 5 1907 that I last saw h.r alive on Dec. 4 1907 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carolina St

Date Dec. 5, '07 1907

Place of Burial Cathedral Cemetery

Date Dec. 6 1907

Undertaker Felix R Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 7044 — Registered No. B C 7044

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward D. Crook

{Residence, if in Baltimore, Give Street and Number.} 1801 Bolton Street

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: October 7th 1857

AGE: 50 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Peoria Ill.

FULL NAME OF FATHER: George A. Crook

BIRTHPLACE OF FATHER (State or country): not Known

MAIDEN NAME OF MOTHER: " do

BIRTHPLACE OF MOTHER (State or country): " do

OCCUPATION OF DECEASED: Mechanical Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard E. Crook

(Address) Catonsville Md.

Filed 12/6 1907

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1906 to Dec 5th 1907 that I last saw h~~im~~ alive on Dec 6th 1907, and that death occurred, on the date stated above, at 9-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Ten Years (DURATION) — DAYS

Contributory (Primary.) Ephanotrom (Convulsions) (DURATION) — DAYS

(Signed) J. H. Chambers M.D.

Address 18 N Fremont

Date Dec 6/1907 1907

Place of Burial London Park Cy

Date Dec 8th 1907

Undertaker Stewart & Mourn Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 47 C 7045 Registered No. B C 7045

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Maternity Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Parker

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR C

DATE OF BIRTH 1

AGE Unknown years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Trackman B & O RR

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Tickner & Sons

(Address) 425 W. Camden st

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 4 1907

I HEREBY CERTIFY, That I attended deceased from As Corner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured skull, caused by

injuries on railroad B & O RR

(DURATION) Few hours DAYS

Con'rlbutory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lexington

Date Dec. 6 1907

Place of Burial Laurel Md

Date December 6 190

Undertaker Wm J Tickner & Sons

Address 425 W. Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21st

C 7046

C 7046

Registered No. B

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 1927 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emilie Janetzke

{Residence, if in Baltimore, Give Street and Number.} 1927 Canton Ave

Duration of Residence in Baltimore 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1839

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr A. Janetzke

(Address) 1927 Canton Ave

Filed 12/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17th 1907 to Dec. 4th 1907 that I last saw h 2d alive on Dec. 3rd 1907 and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate).

2 Exhaustion

(DURATION) DAYS

Contributory (Primary) Chronic Myelitis

1 Paralysis (DURATION) DAYS

(Signed) Herman J Gerwig M.D.

Address 1937 Clayton Ave.

Date Dec. 4th 1907

Place of Burial St Germn Cem

Date Dec 8th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

4

C 7047

66 ✓

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7047

City of Baltimore, (No. 313, N. Pine St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Christmas

(Address) 313 N. Pine St

Filed 12/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Decr 4th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1907 to Decr 3d 1907

that I last saw her alive on Decr 2 1907,

and that death occurred, on the date stated above, at 11 15 P. M. The CAUSE OF DEATH was as follows:

a paralysis, Hemiplegia

(DURATION) ..... DAYS

Contributory Acute artic Rheumatism

(DURATION) 13 DAYS

(Signed) Pearce Kintzing M. D.

12/4 1907 (Address) 1823 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Dec 7 1907

UNDERTAKER: Felix B. Pye — ADDRESS: 162 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C. 7047

Baltimore, Md, Decr. 19, 1907.
1823 N. Charles street,

I hereby certify under oath, that the death of Isabella White, reported through error as having occurred on Decr. 3d. 1907 , actually occurred, to the best of my knowledge and belief, on Wednesday, December fourth, 1907 and that the mistake was made in thinking that the said Wednesday was the third day of the month, whereas it was, in reality, the fourth day of December, in the year 1907.
I was not present when the death of the said Isabella White occurred, but I viewed the remains on the morning of Thursday, December the fifth.
I further certify that I sent word to the undertaker within two hours after I had filled the death certificate for the said Isabella White, notifying him that the certificate which I had delivered to him contained the mistake above set forth, and requested the said undertaker to correct the error.

Sworn and subscribed to, before

William T. Ball
Notary Public

Pearce Kintzing M.D.

MY COMMISSION EXPIRES MAY 1st, 1908.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C

I. GENERAL DIS

(A.) *Epidemic d*

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic disease

(B.) *Other general*

20. Septicemia
21. Glanders and farcy
22. Malignant pustule and
23. Rabies
24. Actinomycosis, trichin
25. Pellagra
26. Tuberculosis of lungs
27. Tuberculosis of larynx
28. Tuberculous meningiti
29. Abdominal tuberculos
30. Pott's disease
31. Tuberculous abscess
32. White swelling
33. Tuberculosis of other
34. General tuberculosis
35. Scrofula
36. Syphilis
37. Gonorrhea of the adul
38. Gonorrheal infections
39. Cancer of mouth
40. Cancer of stomach and
41. Cancer of intestines an
42. Cancer of genital orga
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or unsp
46. Tumor (noncancerous)
47. Acute articular rheume
48. Chronic rheumatism a
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional int
59. Other chronic poisonin
60. Other general diseases

II. DISEASES OF TH SYSTEM

61. Encephalitis
62. Meningitis
63. Locomotor ataxia
64. Other diseases of spina
65. Apoplexy
66. Softening of brain
67. Paralysis
68. General paralysis of in
69. Other forms of mental
70. Epilepsy
71. Convulsions (nonpuer
72. Convulsions of childr
73. Tetanus
74. Chorea

HEALTH DEPARTMENT, City of Baltimore. C 7048

C 7048

Ward 14 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1634 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Lucas

{Residence, if in Baltimore, Give Street and Number.} Washington D.C.

Duration of Residence in Baltimore. From birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 50 Yrs ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sally Johnson

(Address) 1526 Wilmore Alley

Filed 12/6 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

died Instan (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm Bradburn M.D.

Address 709 Log. Av. (Corner)

Date Dec. 4th 1907

Place of Burial Mt. Auburn Cemetery

Date Dec 7 1907

Undertaker Felix B Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7049 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Lucilia Bruce

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 43 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) .....

Filed 12/6 1907

HENRY C. ADKINS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1907 to Dec 2 1907

that I last saw h.. alive on Dec. 2 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Pentonitis.

..... (DURATION) .....

Con'tributory (Primary.) Carcinoma ?

Uterus (DURATION) .....

(Signed) Robt C Bay M.D

Address Bay View

Date Dec. 3 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 5- 1907 1907

Undertaker Wm H Woodson

Address 1810 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 7050 — Registered No. B C 7050 — 934

CERTIFICATE OF DEATH.

(Place of Death.) No. 2310 E Oliver St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Graf

{Residence, if in Baltimore, Give Street and Number.} 2313 E Oliver

Duration of Residence in Baltimore. 5 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 30 1835

AGE: 72 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jno. Kiesnert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John F. Graf

(Address) 2313 E Oliver St.

Filed 12/6 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4/07 190

I HEREBY CERTIFY, That I attended deceased from Dec 1 — 1907 to Dec 4 1907 that I last saw h-er alive on Dec-3- 1907, and that death occurred, on the date stated above, at 6 9 — M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Cardiac Dropsy

(DURATION) DAYS

(Signed) Jno C Bruce M.D.

Address 125 E Biddle

Date Dec - 4/07 190

Place of Burial Loudon Park Cem

Date Dec. 7 1907

Undertaker JOHN S.A. D.E.R & SONS

Address S. E. Cor. Broadway & Balto. Sts and 1703-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 7051 — Registered No. B C 7051

CERTIFICATE OF DEATH.

(Place of Death.) No. 1700 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Priscilla Jane Owens

{Residence, if in Baltimore, Give Street and Number.} 1700 W Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 21 1829

AGE: 78 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Owens

BIRTHPLACE OF FATHER (State or country): a a Co Md

MAIDEN NAME OF MOTHER: Jane Stewart

BIRTHPLACE OF MOTHER (State or country): a a Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Owens

(Address) 1700 W Lombard St

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 5 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

Sudden

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 2 years DAYS

(Signed) Frank Jones M.D.

Address Coroner Esq

Date Dec 5 1907

Place of Burial Green Mount

Date Dec. 7 1907

Undertaker E Madison Mitchell

Address 1201 W. Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 7052 Registered No. B C 7052

19r

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Pearl St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Tummincello

{ Residence, if in Baltimore, Give Street and Number. } 109 Pearl St Tummincello

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH Jan / mar 1825

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Frank Mahoglin

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Tummincello

(Address) 109 Pearl St

Filed 12/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Con'tributory (Primary.) Sudden

(DURATION) DAYS

(Signed) Patrick D Mahon M.D.

Address

Date Dec 6 1907

Place of Burial St Lucies

Date Dec 6 1907

Undertaker Robt J Turner

Address 1442 N Bway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 7053 Registered No. B C 7053

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Meehan

{Residence, if in Baltimore, Give Street and Number.} 141 Jackson Place.

Duration of Residence in Baltimore. 59 years 11 months 17 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 17th 1847

AGE 59 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto. City. Balto. Co. Md

FULL NAME OF FATHER Patrick Meehan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary L. Mooney

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Justice of the Peace

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard J. Meehan

(Address) 800 E. Lafayette Ave

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1907.

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1907 to Dec. 4 1907

that I last saw h in alive on Dec. 4 1907

and that death occurred, on the date stated above, at 7.2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Contributory (Primary) Carcinoma of Liver (DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address St. Joseph's Hospital.

Date Dec 4 1907

Place of Burial Holy Cross

Date Dec 7 1907

Undertaker Robt J Turnbull

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 7054 Registered No. B C 7054

931

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Crowley.

{ Residence, if in Baltimore, Give Street and Number. } 1009 Ashland Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Bernard Crowley

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Ann Doyle

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Crowley

(Address) 1009 Ashland Ave

Filed 12/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 5 1907

that I last saw h alive on Dec 4 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) W. L. Todd M.D.

Address 1202 E. Monument.

Date 12/5 1907

Place of Burial Holy Cross Cemetery

Date Dec. 7 1907

Undertaker Henry Hooks Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Ba

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7055 Registered No. B C 7055

CERTIFICATE OF DEATH.

(Place of Death.) No. 1129 St. Paul — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Thomas Wilson

{ Residence, if in Baltimore, Give Street and Number. } 1129 St. Paul St.

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH January 9 1850

AGE 57 years, months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore County Md.

FULL NAME OF FATHER William Thomas Wilson

BIRTHPLACE OF FATHER (State or country) Baltimore County

MAIDEN NAME OF MOTHER Henrietta Darcy

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Architect

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Appleton Wilson

(Address) 1013 St. Paul St.

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Dec. 5 1907 that I last saw him alive on Dec 5 1907, and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Debility

(DURATION) DAYS

Contributory (Primary.) Locomotor Ataxia

3 years + (DURATION) DAYS

(Signed) Henry M. Thomas M.D.

Address 122 E Madison Ave

Date December 6th 1907

Place of Burial Greenmount

Date December 7th 1907

Undertaker Hopkins & Sons Co

Address 300 W. Madison St Cor Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 851 W. Lombard St C 7056 Registered No. B C 7056 1181

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Beck

{ Residence, if in Baltimore, Give Street and Number. } 851 W. Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 18 1879

AGE 28 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo Beck

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Barbara Forthmer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben Lucas

(Address) 607 W Lombard St

Filed Dec. 6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Ecuk

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4, 1907

I HEREBY CERTIFY, That I attended deceased from December 2 1907 to Dec 4 1907

that I last saw him alive on Dec 4 1907,

and that death occurred, on the date stated above, at 5.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

General sepsis

(DURATION) 1 DAYS

Con'ributory (Primary) Appendicitis & general peritonitis (DURATION) 4 DAYS

(Signed) Frank S. Lynn M.D.

Address University Hospital

Date December 4, 1907

Place of Burial Western Cemetery

Date Dec 7 1907

Undertaker Wm. L. Tuckerman

Address Camden & Pine Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7057 C 7057

Ward 14 Registered No. B 1 134

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Ella Jacobs

{ Residence, if in Baltimore, Give Street and Number. } 1809 Division St.

Duration of Residence in Baltimore. 38 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Christie

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emma Rieber

BIRTHPLACE OF MOTHER (State or country): N. Y.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Jacobs

(Address) 1809 Division St

Filed 12/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Dec 4 1907

that I last saw h alive on Dec 4 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hyperstatic Pneumonia

(DURATION) 3 DAYS

Con'ributory (Primary) Extra Uterine Pregnancy

Secondary Peritonitis (DURATION) 3 DAYS wks.

(Signed) Scott Offutt M.D.

Address St Joseph's Hospital

Date Dec. 4 1907

Place of Burial London Park

Date Dec 7th 1907

Undertaker Martin Fahey & Sons

Address 606 W Lafayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C 7058

Ward 22

C 7058 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Mullikin (Muller)

{ Residence, if in Baltimore, Give Street and Number. } 17 Wilkens Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Calvert Co, Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E. Mullen

(Address) 1014 N. Vincent

Filed 12/6 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 5 1907, that I last saw in or alive on Dec 5 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 1 DAYS

Con'ributory (Primary.)

(DURATION) 1 DAYS

(Signed) W. S. Smith M.D.

Address 528 Hanover St

Date Dec 5 1907

Place of Burial Carters Chapel Friendship M. E. Co

Date Dec 8th 1907

Undertaker Sam'l W. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 7 C 7059 Registered No. B C 7059

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 305 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Hogan

{ Residence, if in Baltimore, Give Street and Number. } 305 S. Poppleton

Duration of Residence in Baltimore. 54

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 2 1853

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Frances McGee

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary Taggart

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jay Hogan

(Address) 305 S Poppleton

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1907 to Dec 5th 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 6.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

accidentally Run Into by Car

Shock (DURATION) Sudden DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Emmet Jones M.D.

Address 220 6th

Date Dec 6th 1907

Place of Burial St Peters Cem

Date Dec. 7 1907

Undertaker John A Morgan

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. B C 7060

CERTIFICATE OF DEATH.

15/4

(Place of Death.) No. 1716 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ward Thomas

{Residence, if in Baltimore, Give Street and Number.} 1716 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Colored

DATE OF BIRTH Sept. 18th 1907

AGE — years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm. Thomas

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Lillie Dorsey

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Thomas

(Address) 1716 Druid Hill ave

Filed Dec 7th 1907 HARRY C. ANDREWS, CITY CLERK. Registrar

Certified

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) ..... DAYS

Con ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Balcom M.D.

Address 700 Eutaw ave, (Corner)

Date Dec. 6th 1907

Place of Burial Mt Auburn Cemetery

Date Dec. 7 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 7061 — Registered No. B C 7061

CERTIFICATE OF DEATH.

19 V.

(Place of Death.) No. 920 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella V Bell

{Residence, if in Baltimore, Give Street and Number.} 920 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH June 15 — 1887

AGE 20 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Samuel Keck

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Holmes.

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas A Bell

(Address) 920 W Lombard St

Filed 12/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Dec 4 1907 that I last saw h alive on Dec 3 1907 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease of Heart

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward Krumbhaar M.D.

Address 64 Lexington

Date Dec 5th 1907

Place of Burial Loudon Park

Date Dec 7 1907

Undertaker Jos Block

Address 1003 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, BALTIMORE

Ward 14 — C 7062 — Registered No. B C 7062

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 N. Lambard St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice V. Dehurst

{Residence, if in Baltimore, Give Street and Number.} 922 N. Lambard St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 30- 1848

AGE 59 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Robinson

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Anna E. Reddan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie E. Handler

(Address) 922 N. Lambard St

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6- 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1907 to Dec 6 1907

that I last saw her alive on Dec 5 1907.

and that death occurred, on the date stated above, at 12.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular (aortic) Heart Disease Complicating Right Hemiplegia

(DURATION) 2 Months DAYS

Con'ributory (Primary.) Cardiac Asthenia

Edema of Lungs (DURATION) 2 DAYS

(Signed) Henry C. O'Reilly M.D.

Address 1203 W. Fayette St

Date Dec 6- 1907

Place of Burial London Park Cem

Date December 9. 1907

Undertaker Jos B Cook

Address 1008 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 7063 Registered No. B C 7063

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1821 N. 3rd St. Walbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Streeks

{ Residence, if in Baltimore, Give Street and Number. } 1821 N. Third St.

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 11 1830 ~~1907~~

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robertson

BIRTHPLACE OF FATHER (State or country): — Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): — Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas T. Streeks

(Address) 1821 N. 3rd St

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Dec 6 1907

that I last saw her alive on Dec 6 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E Miles Wheeler M.D.

Address 2129 N. Smith Ave

Date Dec 6 1907

Place of Burial St Marys Cem (H)

Date Dec 8/907 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 7064 Registered No. B C 7064

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1151. N. Stricker St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Emily Claudge Kelley.

{ Residence, if in Baltimore, Give Street and Number. } 1151. N. Stricker St.

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) South Carolina

FULL NAME OF FATHER James H. Claudge

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Sarah Gadd

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo. A. Brown

(Address) 1101. N Stricker

Filed 12/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1907 to Dec 6 1907

that I last saw h[illegible] alive on Dec 4 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Apoplexy.

(DURATION) DAYS

(Signed) J. Thomas Nelson M.D.

Address 1300 N. Stricker St

Date December 5 1907

Place of Burial Western

Date Dec 7/07 1907

Undertaker Lowe Cook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 7065 Registered No. B C 7065

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1521 Barclay St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Margaret A. Henley

{Residence, if in Baltimore, Give Street and Number.} 1521 Barclay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 13 1850

AGE 57 years, 9 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Elliott

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine Gosnel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1521 Barclay St

Filed 12/7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

R Boyle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 28th 1907 to Dec 5th 1907 that I last saw her alive on Dec 5th 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) DAYS

(Signed) Jno. Brooke Boyle M.D.

Address 104 E. Madison St

Date Dec 6th 1907

Place of Burial Baltimore

Date Dec 9th 1907

Undertaker H. C. Middlefield

Address 914 Lynnhurst Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore

Ward 19 C 7066 Registered No. B C 7066

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 E. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W. Jones

{Residence, if in Baltimore, Give Street and Number.} 19 N. Gilmor St

Duration of Residence in Baltimore. 40 yrs (about)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 30th 1845

AGE 62 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Laurel Md

FULL NAME OF FATHER Joshua Jones

BIRTHPLACE OF FATHER (State or country) Laurel Md

MAIDEN NAME OF MOTHER Rebecca Crambliti

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Machinest

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah F. Jones

(Address) 19 N. Gilmor st

Filed 12/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Apr 10 1907 to Dec 5 1907 that I last saw him alive on Dec 5 1907, and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

unknown (DURATION) DAYS

Contributory (Primary.) Weak and enlarged heart — unknown (DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette st

Date Dec 6 1907

Place of Burial London PK.

Date Dec 9th 07 190

Undertaker Crowley Bros

Address 23 N. Fulton av

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 7067 Registered No. B C 7067

1511

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 St. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of James and Maude Dickerson

{Residence, if in Baltimore, Give Street and Number.} 14 St. Chase

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH Dec. 6 1907

AGE — years, 3 minutes [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jamees Dickerson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nora Payne

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Payne

(Address) 14 W. Chase Street

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 6 1907 that I last saw h[illegible] alive on Dec 6 1907 and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insufficient Animation

(DURATION) — DAYS

Contributory (Primary.) Premature birth.

(DURATION) — DAYS

(Signed) George C Shannon M.D.

Address 760 N. Fulton Ave

Date Dec 6 1907

Place of Burial Mt. Auburn

Date Dec 7 1907

Undertaker Alex. Hemsley,

Address 578 W. Biddle St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

AFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 7068 Registered No. B C 7068

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Agnes Johnson

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Septem.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR N

DATE OF BIRTH Nov 5, 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin Inf. Asylum

(Address) .....

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Dec 1st 1907

that I last saw her alive on Dec 1st 1907,

and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) 5 DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date 12-5 1907

Place of Burial New Cathedral

Date December 7 1907

Undertaker Martin Gahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

KODAK SA

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 7069 Registered No. B C 7069

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Nord

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf Asy

Duration of Residence in Baltimore. L Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov 17, 1906

AGE — years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vin Inf. Asylum

(Address)

Filed 12/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Dec 4 1907

that I last saw h[illegible] alive on Dec 4 1907,

and that death occurred, on the date stated above, at 1 a.m.

CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1298 N Consident

Date 12-6- 1907

Place of Burial New Cathedral

Date December 7 1907

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 7070 Registered No. B C 7070 4 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Monroe (Monroe)

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov 8, 1897

AGE ..... years, 1 month, ± days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vin Inf Asylum

(Address)

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Dec 6 1907

that I last saw h[illegible] alive on Dec 1907,

and that death occurred, on the date stated above, at [illegible] m. CAUSE OF DEATH (Secondary or immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 12307 Parlem

Date 12-6- 1907

Place of Burial New Cathedral

Date December 7 1907

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 7071 Registered No. B C 7071

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Smith

{Residence, if in Baltimore, Give Street and Number.} 2117 Druid Hill Ave

Duration of Residence in Baltimore. 5 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Saml Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Myers

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Smith

(Address) 2117 N. Druid Ave

Filed 12/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1907 to Dec. 4 1907

that I last saw h~~im~~ alive on Dec 4 1907

and that death occurred, on the date stated above, at 11 ~~a~~ M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Con'tributory (Primary.) Chronic Nephritis

(DURATION) 2 DAYs

(Signed) Eugene L. Passano M.D.

Address St. Joseph's Hospital

Date Dec. 4 1907

Place of Burial Mt Auburn

Date Dec 7 1907

Undertaker Jno A. Toulson

Address 1452 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 7072 — Registered No. B C 7072

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Phillips

{Residence, if in Baltimore, Give Street and Number.} 927 Ensor St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Sept. 7 1907

AGE ..... years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER George F. Phillips

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary M. Rheinknapp

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Phillips

(Address) 927 Ensor St.

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Dec 6 1907

that I last saw h[illegible] alive on Dec 5 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Heart disease

(DURATION) ..... DAYS

Contributory (Primary.) Bronchitis Catarrhal

(DURATION) 4 DAYS

(Signed) Luther T. Reindeiter M.D.

Address 827 Aisquith St

Date Dec 6 1907

Place of Burial Holy Cross

Date Dec 8 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 7073 — Registered No. B C 7073

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital Caroline & Oliver Sts. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary Connors

{Residence, if in Baltimore, Give Street and Number.} 414 Pinkney Place

Duration of Residence in Baltimore. Forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John O'Connor

(Address) 414 Pinkney Place

Filed 12/7/07 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 5 1907

that I last saw he alive on Dec 5 1907

and that death occurred, on the date stated above, at 9 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs - o
Pneumonia,

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis - o Bronchitis (DURATION) ——— DAYS

(Signed) H M Rightler M.D.

Address St Joseph Hospital

Date Dec 5 1907

Place of Burial New Cathedral Cemetery

Date Dec. 9 1907

Undertaker Henry Hoeckel & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 17

C 7074 Registered No. B C 7074

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Katharine Weise

{Residence, if in Baltimore, Give Street and Number.} 815 Hanover St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 1856

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Edward C. Bartholomew

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Sylvester MD

(Address) 539 N. Carrollton Ave

Filed 12/7 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 6th 1907 to Dec 6th 1907

that I last saw h.. alive on Dec 6th 1907

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Howard Sylvester M.D.

Address 539 N. Carrollton Ave

Date Dec 6th 1907

Place of Burial Loudon Park.

Date Dec 9th 1907

Undertaker Wm Cook

Address 507 E Madison

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 7075

C 7075 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Wm Maccaig

{Residence, if in Baltimore, Give Street and Number.} Bay View (Edward & Pleasant Sts)

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Shoe-Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 6 1907

that I last saw him alive on Dec 6 1907

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Robt T. Bay M.D.

Address Bay View

Date Dec. 7 1907

Place of Burial Loudon Park

Date December 9th 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 7076 — Registered No. B C 7076

CERTIFICATE OF DEATH.

(Place of Death.) No. 1045 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F Schroeder

{Residence, if in Baltimore, Give Street and Number.} 1548 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 15 1876

AGE 31 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Bernard Schroder

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Schroder Sister

(Address) 1045 S Charles St

Filed 12/7/1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6 1907

I HEREBY CERTIFY, That I attended deceased from January 1907 to Dec 6 1907

that I last saw him alive on Dec 6 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 Years

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Howard Feinhardt M.D.

Address 1017 S Charles St

Date December 7 1907

Place of Burial Baltimore Cemetery

Date December 9th 1907

Undertaker Howard & Tulley

Address 887 Ridgely St.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

C 7077 C 7077

Ward 6 Registered No. B

CERTIFICATE OF DEATH.

10 V

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Agusta C Luackenbach

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH June 6 1845

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Zanesville, Ohio

FULL NAME OF FATHER Alfred Caldwallader

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Emma A. Rhodes

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Summers N.

(Address) 825 Washington Ave

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Dec 6th 1907 that I last saw her alive on Dec 6th 1907, and that death occurred, on the date stated above, at 8:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Influenza with Sciatica

Had asthma 10 years

3 months (DURATION) DAYS

Contributory (Primary.) Malnutrition

(DURATION) DAYS

(Signed) A K Bond M.D.

Address 849 Park Ave

Date Dec 7th 1907

Place of Burial Washington D.C.

Date December 9th 1907

Undertaker Stewart & Mowrus Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 7078 Registered No. B C 7078

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1381 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ephil Jennings.

{ Residence, if in Baltimore, Give Street and Number. } 1381 Woodyear st.

Duration of Residence in Baltimore. 24 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH Born 1861 +

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) A. A. Co. Md.

FULL NAME OF FATHER Plater Jennings

BIRTHPLACE OF FATHER (State or country) A. A. Co. Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) A. A. Co. Md.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Jennings

(Address) 1381 Woodyear St

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Dec 6th 1907 that I last saw h alive on Dec 6th 1907, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 18 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 Druid Hill Ave

Date Dec 7th 1907

Place of Burial Mt Auburn Mt Zion Cem

Date Dec 9 1907

Undertaker Alex H. Kennedy

Address 578 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 7079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

166r

CERTIFICATE OF DEATH.

C 7079

Registered No. B.....

City of Baltimore, (No. 900, Appleton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen B. Case

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 25. (Month) (Day) 1865 (Year)

AGE: 42 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Queen Annes Co. Md

FULL NAME OF FATHER: Thomas E. Talbott.

BIRTHPLACE OF FATHER (State or country): Caroline Co, Md.

MAIDEN NAME OF MOTHER: Elizabeth Brewer

BIRTHPLACE OF MOTHER (State or country): Annapolis, Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas B. Talbott.

(Address) Delrey Ave, Catonsville Md

Filed 12/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6. (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1907 to Dec. 6, 1907

that I last saw her alive on Dec. 6, 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) — DAYS

Contributory Abscess of Brain caused by fall (DURATION) — DAYS

(Signed) E. H. Holbrook M. D.

Dec. 6. 1907 (Address) 728 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Dec 9 1907

UNDERTAKER: Geo J. Smith & Co

ADDRESS: 1000 E. Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. ***twenty-four hours after death,*** to the Undertaker, or the Coroner, when the case comes under his notice, to furnish within

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 *Registered No. B* C 7080

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 2223 Essex *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lovell Randall

{ Residence, if in Baltimore, Give Street and Number. } 2253 Essex

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 14 1906

AGE: ..... years, 15 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Randall

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Julia Casey

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Randall

(Address) 2232 Essex st.

Filed 12/7 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 5 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Inal Intution

(DURATION) ..... DAYS

Con tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Buckler M.D.

Address 320 N Greene St

Date 190

Place of Burial Mt. Carmel

Date Dec. 7 190 7

Undertaker J. C. Iken

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 Registered No. B C 7081

CERTIFICATE OF DEATH.

1201

(Place of Death.) No. 33 E 21st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura V. Lamping

{Residence, if in Baltimore, Give Street and Number.} 33 E 21st St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 14 1847

AGE: 66 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Lamping

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rebbecca Buckler

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizetta Lumping

(Address) 33 E. 21st. st

Filed Dec. 7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 6 1907

I HEREBY CERTIFY, That I attended deceased from October 25 1907 to Dec 6 1907

that I last saw her alive on Dec 6 1907

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion of Heart &c

dr from time of first visit

Oct 25th (DURATION) DAYS

Con'tributory (Primary.) Brights

(DURATION) DAYS

(Signed) W Frakemp M.D.

Address 6 W 25th

Date December 7 1907

Place of Burial Green Mount

Date Dec 8 1907

Undertaker E M Mitchell

Address 1207 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 7082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7082

Registered No. B .....

City of Baltimore, (No. 2726 N Patterson Park Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elbridge S Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 25 1848
(Month) (Day) (Year)

AGE 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Dorchester Co Md.

FULL NAME OF FATHER Aboard Johnson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary L McNamara

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Hurst

(Address) 120 Calvert Bld

Filed Dec 7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 6 1907

that I last saw him alive on Dec 6 1907,

and that death occurred, on the date stated above, at 4 P M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. B. Barnard M. D.

Dec 7 1907 (Address) 2112 Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL East New Market Md

DATE OF BURIAL Dec 7 1907

UNDERTAKER E M Mitchell

ADDRESS 1218 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

C 7053

Ward 20 Registered No. B 7053

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 Maryanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernard Rosenthal

{ Residence, if in Baltimore, Give Street and Number. } 2115 - Maryanna

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER Otto Rosenthal

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Dec 7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 that I last saw h alive on 190 , and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

accidentally Choked to death on a brake

asphixia Sudden (DURATION) DAYS

Con'ributory (Primary.) (DURATION) DAYS

(Signed) Thomas Jones M.D.

Address Coroners

Date Dec. 7 1907

Place of Burial Washington Road Hebrew Cemetery

Date Dec 9 1907

Undertaker C. H. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 7th

Registered No. B C 7084

272

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Graves

{Residence, if in Baltimore, Give Street and Number.} 1404 Towson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Jan. 1887

AGE 19 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles Graves

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Graves

(Address) 1404 Towson St.

Filed Dec 7 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Oct 26 1907 to Dec 5 1907 that I last saw her alive on Dec 6 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. Spicknall M.D.

Address 14 N Patterson Pk Ave

Date Dec 6 1907

Place of Burial Mt Olivet Cem

Date Dec. 9. 1907

Undertaker Daniel and M. J. Flynn

Address 42. East West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th Registered No. B C 20[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 Riverside Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine D. Deems

{Residence, if in Baltimore, Give Street and Number.} 1120 Riverside Av

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~White~~ Female | COLOR White

DATE OF BIRTH 19 Dec. 1872

AGE 34 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Joseph Garland

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kane

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Deems

(Address) 1120 Riverside Ave.

Filed Dec 7 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1907 to Dec 6th 1907 that I last saw h[illegible] alive on Dec 5th 1907 and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis, Asthma Cardiac failure.

(DURATION) 6 months

Contributory (Primary.) unknown.

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Dec 6th 1907

Place of Burial St Peters Cem

Date Dec. 9. 1907.

Undertaker Daniel and M.J. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

C 7087 C 7087

Ward 16 Registered No. B 1051

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Bond Berger

{Residence, if in Baltimore, Give Street and Number.} 1006 N. Stricker St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 24th 1907

AGE ..... years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Robt E. L. Berger

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Celine E. Bond.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. E. L. Berger

(Address) 1006 N. Stricker St.

Filed 12/7" 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30th 1907 to Dec 7th 1907 that I last saw her alive on Dec 6th 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Con'ributory (Primary) Tuberculosis

(DURATION) 14 DAYS

(Signed) R. B. Warfield M.D.

Address 845 Park Ave

Date Dec. 7th 1907

Place of Burial London Park Cemetery

Date Dec 9th 1907

Undertaker Strangborg

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7086 C 7086

Ward 7 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 236 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Ann Stewart

{Residence, if in Baltimore, Give Street and Number.} 236 S Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William F Stewart

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Grace A. McWilliams

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm F Stewart Prt/Ef

(Address) 236 S Ann St

Filed 12/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6th 1907.

I HEREBY CERTIFY, That I attended deceased from November 16th 1907 to December 6th 1907.

that I last saw her alive on Dec. 6th 1907.

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

3 weeks (DURATION) DAYS

Contributory (Primary.) Diphtheria (DURATION) 6 DAYS

(culture made)

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date December 7th 1907.

Place of Burial Baltimore. CEMETERY.

Date DEC 8 - 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 7088

C 7088

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 804 Potomac St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Flaherty

{Residence, if in Baltimore, Give Street and Number.} 804 Potomac St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 25th 1872

AGE: 35 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Adam Stautheimer.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Klopf

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L. Flaherty

(Address) 804 Potomac St.

Filed 12/7" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 3 1907 to Dec. 5 1907

that I last saw her alive on Dec 4 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) 300 DAYS

Contributory (Primary) Exhaustion.

(DURATION) 3 DAYS

(Signed) Jas. L. Ghent M.D.

Address 3 and Lough.

Date Dec. 5 1907

Place of Burial Sacred Heart Cemetery

Date Dec. 9th 1907

Undertaker Germanus Franz

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7089

Ward 8 C 7089 Registered No. B 74 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1420 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Lumsden

{ Residence, if in Baltimore, Give Street and Number. } 1420 E Lanvale

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 8 1865

AGE 42 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Stafford Co.

FULL NAME OF FATHER Powell

BIRTHPLACE OF FATHER (State or country) Stafford Co

MAIDEN NAME OF MOTHER Dodson

BIRTHPLACE OF MOTHER (State or country) Stafford Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robt Lumsden

(Address) 1420 E Lanvale

Filed 12/7 1907 Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1906 to Dec 6 1906 that I last saw h er alive on Dec 5 1907, and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis.

(DURATION) 5 DAYS

Contributory (Primary.) Multiple Neuritis & Abscess of Lung. (DURATION) 126 DAYS

(Signed) B. P. Herzog M.D.

Address 1601 N. Patterson Park Ave

Date Dec. 7 1907

Cause Certificate Received

Place of Burial Greenmount Cem

Date Dec 8 1907

Undertaker Robt J Turnbull

Address 1424 Bway

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore. C 7090

Ward 19 C 7090 Registered No. B 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 N Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Pearl Young

{Residence, if in Baltimore, Give Street and Number.} 1219 N Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 1st 1907

AGE ..... years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Edward Young

BIRTHPLACE OF FATHER (State or country) Baltimore.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Young

(Address) 1219 N Lombard

Filed 12/8 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 to Dec 6 1907, that I last saw h alive on Dec 6 1907, and that death occurred, on the date stated above, at 2 am

11. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia
Bronchitis

(DURATION) 5 DAYS

Contributory (Primary) Heart Failure (DURATION) 13 DAYS

(Signed) Thos Jones M.D.
Coroners Phys

Address

Date Dec 6 1907

Place of Burial Loudon Park

Date Dec 8/07 1907

Undertaker Jacob Uhrmann

Address 1704 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 7091 Registered No. B C 7091

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Carroll Corner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Johnson

{Residence, if in Baltimore, Give Street and Number.} 21. Carroll ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR Color
DATE OF BIRTH	1
AGE	46 years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Wm Johnson
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Mable Lewis
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel Lewis

(Address) 21 Carroll a.

Filed 12/8" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 that I last saw h alive on 1907, and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

Lung Cancer

(DURATION) DAYS

Con'tributory (Primary.) Cancer

(DURATION) 14 DAYS

(Signed) Thos Jones M.D.

Address Baltimore

Date Dec 6th 1907

Place of Burial Oard Reference Cattonsville

Date Dec 8 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 7092 Registered No. B 1671

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Spencer

{Residence, if in Baltimore, Give Street and Number.} 1332 Shields alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Richard Spencer

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary Giles

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Spencer (mother)

(Address) 1332 Shields alley

Filed 12/8" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1907

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Burns & scalds

(Accidental)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Tongue M.D.

Address 1216 N. Caroline St Coroners

Date Dec 6 1907

Place of Burial Mt Auburn Cem

Date Dec 8 1907

Undertaker Wm. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9X

C 7093

Registered No. B C 7093

12 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Berry

{Residence, if in Baltimore, Give Street and Number.} 500 Third St - Highlandtown

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1873

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Conn.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Zimmerman

(Address) 506 Third st

Filed Dec 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1907 to Dec 7 1907

that I last saw h in alive on Dec 7 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia & Uraemia

(DURATION) 6 DAYS

Contributory (Primary.) Pneumonia, Bright's

(DURATION) 7 DAYS

(Signed) Eugene L. Pulaski M.D.

Address St Joseph's Hospital

Date Dec 7 1907

Place of Burial Sacred Heart

Date Dec. 9 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 7094 — Registered No. B C 7094

108

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Emma F. Bush.

{ Residence, if in Baltimore, Give Street and Number. } The Marlborough. Eutaw Pl. & Wilson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Do not know

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Do not know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) Eutaw Place & Wilson St.

Filed Dec 8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7, 1907.

I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1907 to Dec 7, 1907.

that I last saw h... alive on Dec. 7, 1907.

and that death occurred, on the date stated above, at 5.46 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of R. auricle

(autopsy findings)

30 min. (DURATION)

Contributory (Primary.) Intestinal Obstruction (DURATION) 3 DAYS

(Signed) Benjamin Wroth, Jr. M.D.

Address Union Prot. Inf.

Date December 7, 1907.

Place of Burial Loudon Park

Date Dec 10" 1907

Undertaker Everett Spencer

Address 1187 N. W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

C 7095

Ward 10

Registered No. B C 7095

1V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Georgie Baker

{Residence, if in Baltimore, Give Street and Number.} 1824 Hoffman Ave

Duration of Residence in Baltimore. Twenty five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: Nov. 16th 1864

AGE: 43 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo. W Johnson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E. Holland

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R M Browning

(Address) 306 N Carrollton Ave

Filed Dec 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1907 to Dec 7th 1907

that I last saw h[illegible] alive on Dec 7th 1907,

and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Septicaemia

Salivating Lobular Pn[illegible]

Salpingitis

Chronic (DURATION) 6 DAYS

Con'ributory (Primary.) Bilat Suppurative

Fever (DURATION) 69 DAYS

(Signed) R. C. Franklin M.D.

Address University Hospital

Date December 7th 1907

Place of Burial Loudon Park

Date Dec 9/1907 190

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C 7096

Ward 8 Registered No. B C 7096

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 1819 N. Duncan Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Link

{Residence, if in Baltimore, Give Street and Number.} 1819 N. Duncan Place

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH April 16 1849

AGE 67 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Ambrose Kreiderweis

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosie Lawrance

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Link

(Address) Lauraville Md

Filed Dec 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6/07 190

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Dec 6 1907

that I last saw her alive on Dec 6 1907,

and that death occurred, on the date stated above, at 8 55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter W Weiler M.D

Address 1107 N Bway

Date 190

Place of Burial BALTIMORE CEMETERY.

Date DEC 9 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 7097 Registered No. B C 7097

125 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Walter Heatz

{Residence, if in Baltimore, Give Street and Number.} 516 N Patterson Park Ave

Duration of Residence in Baltimore. 61 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 24 1823

AGE 84 years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J Gengenbach

(Address) 516 N. Patterson Park Av

Filed Dec 8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Dec 6 1907 that I last saw him alive on Dec 5 1907, and that death occurred, on the date stated above, at 4 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Prostatitis & Senility (DURATION) 10 DAYS

(Signed) Geo F. Taylor M.D.

Address 1254 N. Broadway

Date December 7 1907

Place of Burial St Mathews Cemetery

Date DEC 9- 1907 190

Undertaker Christian Miller

Address 2334 Jefferson Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7098

Ward 5

Registered No. B C 7098

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 25 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brown

{Residence, if in Baltimore, Give Street and Number.} 25 Chestnut st.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: not known

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Russell

(Address) 124 Chestnut st.

Filed

Dec 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 2 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Stephens M.D.

Address 216 N. Caroline st Compr.

Date Dec. 8 1907

Place of Burial Mt Zion

Date Dec 8th 1907

Undertaker Wm J. Jackson

Address 1424 Mullikin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

FILM

C 7099

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

931

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7099

City of Baltimore, (No. 251 S Eden St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy | COLOR White

DATE OF BIRTH 9 (Month) 3 (Day) 1 (Year)

AGE ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 122 Sixth St city

FULL NAME OF FATHER Aron Cohen

BIRTHPLACE OF FATHER (State or country) Aron Cohen Russia

MAIDEN NAME OF MOTHER ~~Lena Studelowsky~~ Lena Studelowsky.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jac Cohen

(Address) 251 S Eden St

Filed Dec 8 1907 Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 Dec (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to 7 of Dec 1907

that I last saw h alive on 7 Dec 1907

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pneumonia Acute

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Jacob H. Lubchansk M. D.

7 Dec 1907 (Address) 122 S Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Rosedale Cemetery Balto. | DATE OF BURIAL Dec 8 1907

UNDERTAKER Max Levinson | ADDRESS 1611 McElderry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KODAK SAFETY

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 7100 Registered No. B C 7100

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 E Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Malchia Craig

{Residence, if in Baltimore, Give Street and Number.} 11 E. Saratoga St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Malchia. Craig.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Carrie Mc Gray.

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Malchia. Craig.

(Address) 11 E Saratoga St.

Filed Dec. 8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1907 to Dec. 7 1907

that I last saw h — alive on — 190—

and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) — DAYS

Contributory (Primary.) Bronchitis

(DURATION) — DAYS

(Signed) Benj. D Haydon M.D.

Address 1216 N. Caroline corner

Date Dec. 7 1907

Place of Burial Mt Auburn Cemetery

Date Dec. 9 1907

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 7101 Registered No. B C 7101

CERTIFICATE OF DEATH. 38

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Camilla Matthews

{Residence, if in Baltimore, Give Street and Number.} 662 George at

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William Henry Mathews

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Carrie Underdue

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Henson

(Address) 1932 Christain St.

Filed Dec 8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 1907

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus et Gonorrhoeal Opthalmia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 E. Caroline

Date Dec 7 1907

Place of Burial Mt Auburn Cemetery

Date Dec 8 1907

Undertaker Felix B Byrne

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7102

Ward 11 C 7102 Registered No. B

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 237 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie E. Cooper

{Residence, if in Baltimore, Give Street and Number.} 237 Dolphin st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles L Cooper

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sara A Bailey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles L Cooper

(Address) 237 Dolphin st

Filed 12/8" 1907

HARRY C. ANL... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 23rd 1907 to Dec 5th 1907

that I last saw her alive on Dec 4 1907,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or immediate.)

Pulmonary Tuberculosis

(DURATION) 210 DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) D. Gaylord M.D.

Address 334 N. Bridle St

Date Dec 6th, 1907

Place of Burial Laurel

Date Dec 8 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 7103 C 7103

Ward 5 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 Cornet St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah F. Lee

{ Residence, if in Baltimore, Give Street and Number. } 1125 Cornet St

Duration of Residence in Baltimore. Part 5 0 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH 1836

AGE 71 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brown

(Address) 1125 Cornet St

Filed 12/8 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Dec 5 1907 that I last saw h~~e~~er alive on Dec 6 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

a Nephritis Bright's Disease

3 Months (DURATION) ~~DAYS~~

Contributory (Primary.) — (DURATION) DAYS

(Signed) J. E. Reese M.D.

Address 202 Hillsmith St

Date Dec 5 1907

Place of Burial Asberry Cemetery

Date Dec 8 1907

Undertaker E. R. St. Elliott

Address 516 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 7104 Registered No. B C 7104

CERTIFICATE OF DEATH.

(Place of Death.) No. 927. N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard S. Scott.

{Residence, if in Baltimore, Give Street and Number.} 927. N Chester

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 6 1854

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md Balto.

FULL NAME OF FATHER: Wm Scott

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary A Gittings

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Scott.

(Address) 927. N. Chester

Filed 12/8 1907 HARRY C. ANGELL Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 6 1907 that I last saw h[illegible] alive on Dec 5 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of liver

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1-12 E. Baltimore

Date Dec 6 1907

Place of Burial Dale Cemetery

Date Dec 9 1907

Undertaker Robt Turner

Address 1412 N. Bway.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore. C 7105

Ward 14 C 7105 Registered No. B 11 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Flora Elizabeth Hays

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hospital.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 1 months, ~~25~~ 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): St Vincents Hosp - Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) Nursery & Childs Hospital

Filed 12/9 1907

HARRY C. [illegible]
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Dec 6 1907

that I last saw h~~im~~ alive on Dec 6 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Putnam M.D.

Address 329 N Eutaw St

Date Dec 6th 1907

Place of Burial Leudo's Park

Date Dec 9 1907

Undertaker C. H. Kerr & Son

Address 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 7106 Registered No. B C 7106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1931 E Chase St. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Wilhelmina Healy.

{Residence, if in Baltimore, Give Street and Number.} 1931 E Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Hoffman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Paul

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer Healy

(Address) 1931 E Chase

Filed 12/9 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7th 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to Dec 7 1907

that I last saw him alive on Dec 5-th 1907

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia + Exhaustion

2 wks (DURATION)

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 yrs

(Signed) H. G. Beck

Address 214 E Preston St

Date Dec 9th. 1907

Place of Burial Baltimore Cem

Date Dec 10/907

Undertaker Wm Cook

Address 902 E Fayette Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 7107 — Registered No. B C 7107 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2134 Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah Weston Riley

{Residence, if in Baltimore, Give Street and Number.} 2134 Walbrook ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 75 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER J S Rouse

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Riley

(Address) 2134 Walbrook av

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1907 to Dec 7 1907 that I last saw h alive on Dec 7. 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Paralysis

6 weeks (DURATION) DAY

Contributory (Primary.) Apoplexy.

6 weeks (DURATION) DAY

(Signed) Wm Grantin D M.D

Address 2020 W. North ave.

Date Dec. 8 1907

Place of Burial Loriene Cem

Date Dec. 9 1907

Undertaker Wm Cook

Address 502 E. North ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7108

Ward 11

C 7108 Registered No. B

CERTIFICATE OF DEATH.

39 V

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Chas. C. Crane

{Residence, if in Baltimore, Give Street and Number.} 220 W Madison St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 31st 1848

AGE 59 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER A Filler Crane

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " do

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O Carroll Zell

(Address) 1922 N Calvert St

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1907 to Dec 8 1907

that I last saw h in alive on Dec 8 1907,

and that death occurred, on the date stated above, at 7.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Unknown

tongue (DURATION) DAYS

Contributory (Primary) Carcinoma of

(DURATION) DAYS

(Signed) H M Hackett M.D.

Address Franklin Square Hosp

Date December 8 1907

Place of Burial Loudon Park Cem

Date December 10th 1907

Undertaker Stewart & Women Co.

Address 215 Park Ave.

for Removal to 220 W Madison St $7.00

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7109

Ward 24

Registered No. B C 7109

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1154 ~~Hanbat~~ Cookrie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Herling

{Residence, if in Baltimore, Give Street and Number.} 1154 ~~Hanbat~~ Cookrie St.

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 23 March 1847

AGE 60 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hirschtag Germany

FULL NAME OF FATHER William Schubert

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Agnes Schubert

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Herling

Address 1154 ~~Hanbat~~ Cookrie St.

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 Dec 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Dec 1907

that I last saw h[illegible] alive on Dec 6 1907

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

(2) (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) James Cooper M.D.

Address 1322 Hull St

Date 6 December 1907

Place of Burial Holy Trinity

Date Dec 9 1907

Undertaker Jas. Stanton & Co.

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 7110 — Registered No. B C 7110

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 1017 N Durham St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Eva May Riley

{Residence, if in Baltimore, Give Street and Number.} 1017 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR B

DATE OF BIRTH 1

AGE X years, 5 months, X days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William E Riley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Riley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Riley

(Address) 1017 Durham st

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) Fredk Camalier M.D.

Address Coroner Dec 7—07

Date ... 190

Place of Burial Woodberry Cemetery

Date Dec 9 1907

Undertaker E A Stallmatt

Address 506 Rayes Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C 7111

Registered No. B C 7111

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Beynon

{Residence, if in Baltimore, Give Street and Number.} 1639 Miller St. Beynon

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 1881

AGE 26 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm. D. Beynon

BIRTHPLACE OF FATHER (State or country) Wales

MAIDEN NAME OF MOTHER Bridget Welsh

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Beynon

(Address) 1639 Miller St

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1907 to Dec. 7 1907.

that I last saw h in alive on Dec. 7 1907.

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Contributory (Primary) Typhoid-Pneumonia

(DURATION) DAYS

(Signed) Wm. Schmitz M.D.

Address St. Joseph's Hospital

Date Dec. 7-1907 1907

Place of Burial St. Vincent

Date Dec 10 1907

Undertaker Robt J. Lunday

Address 1442. 40 Bway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 V C 7112 Registered No. B C 7112

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2011 Pleasant Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard A. Mack

{Residence, if in Baltimore, Give Street and Number.} 2011 Pleasant Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 1905

AGE: 2 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Gustav Mack

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anna Strohmer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Gustav Mack

(Address) 2011 Pleasant Alley

Filed 12/9 190.. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 6th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 22nd 1907 to Dec 6th 1907 that I last saw h im alive on Dec 6 1907. and that death occurred, on the date stated above, at 6 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac elevation

4 minutes

(DURATION) 2 DAYS

Contributory (Primary) Pneumonia

(DURATION) 14 DAYS

(Signed) A. L. Tumbleson M.D.

Address 2013 Bank St

Date Dec 6th. 1907

Place of Burial St Mathias Cem

Date Dec 9th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 C 7113 Registered No. B C 7113

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Schafer

{Residence, if in Baltimore, Give Street and Number.} 2005 Canton Ave

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 20th 1824

AGE: 83 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Schafer

(Address) 2005 Canton Ave

Filed 12/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1907 to Dec. 8 1907

that I last saw him alive on Dec 7 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

due to age.

one year (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date December 9th 1907

Place of Burial St Mathias Cem.

Date Dec 11th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C 7114 Registered No. B C 7114

CERTIFICATE OF DEATH.

(Place of Death.) No. 103 W Lexington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Etta Adams

{Residence, if in Baltimore, Give Street and Number.} 103 W Lexington St

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	colored

DATE OF BIRTH March 5th 1

AGE 26 years, months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Oxford Md

FULL NAME OF FATHER Philip Adams

BIRTHPLACE OF FATHER (State or country) Oxford Md.

MAIDEN NAME OF MOTHER Eliza Sherwood

BIRTHPLACE OF MOTHER (State or country) Oxford Md

OCCUPATION OF DECEASED Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frances Hawkins

(Address) 103 W. Lexington St

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 7 1907 that I last saw h e alive on Dec 6 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

about 1½ yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. F. Brown M.D.

Address 1364 N. Calhoun St

Date Dec 7 1907.

Place of Burial Oxford Md

Date Dec 10 1907

Undertaker John H Foard

Address 1452 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 7115 — Registered No. B C 7115

CERTIFICATE OF DEATH.

138

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa Bias

{Residence, if in Baltimore, Give Street and Number.} 1132 S. Warren st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse Hayes

(Address) 142 Mosher St

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 7 1907

that I last saw h— alive on —— 190—,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Eclampsia

(DURATION) — DAYS

Contributory (Primary) Premature Childbirth (DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St Corner

Date Dec. 8 1907

Place of Burial Mt Auburn

Date Dec 9 1907

Undertaker Gerard Trader

Address 142 n Mosher St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 7116 Registered No. B C 7116

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 S. Wolfe St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mamie Zeller

{Residence, if in Baltimore, Give Street and Number.} 410 S. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 30th 1888

AGE 19 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Zeller

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Marie Bensel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Bensel

(Address) 410 S. Wolfe St.

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7, 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to date 1907 that I last saw her alive on 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Dec. 7, 1907.

Place of Burial Ist Evangelic Cem

Date Dec. 9 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Balto Sts and 1703-1710 Gunton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16

HEALTH DEPARTMENT, City of Baltimore.

C 7117 Registered No. B C 7117

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Ballard

{Residence, if in Baltimore, Give Street and Number.} 1041 Wagon Alley

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30, 1907

I HEREBY CERTIFY, That I attended deceased from November 1907 to November 1907, that I last saw h alive on November 30, 1907, and that death occurred, on the date stated above, at 9.3 0 M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of Heart

(DURATION) DAYS

Contributory (Primary.) Mitral regurgitation (DURATION) DAYS

(Signed) J. M. Hitchcock M.D.

Address Franklin Square Hospital

Date December 7, 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 6 - 1907

Undertaker Commissioner Health.

Address Health Dept

264

at the Morgue

WM. J. C. DULANY CO., BALTIMORE. Dec 3.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 7118 Registered No. B C 7118

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. Bard City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Haley Anderson

{Residence, if in Baltimore, Give Street and Number.} N. J.

Duration of Residence in Baltimore. 1 week

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH unknown

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Sweden

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 5th 1907

that I last saw him alive on Dec 5th 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia.

(DURATION) — DAYS

Contributory (Primary.) Syphilis

Exhaustion (DURATION) DAYS

(Signed) W. R. Baker M.D.

Address Bard City Hospital

Date Dec 6 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 6 1907 1907

Commissioner Health

Undertaker W

Address Health Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

224

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 7119 — Registered No. B C 7119

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. #122 N. Dalles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gabel

{ Residence, if in Baltimore, Give Street and Number. } #112 N. Dalles St.

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 6th 1825

AGE: 82 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gabel

(Address) 122 N. Dalles St

Filed 12/9 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6th 1907

I HEREBY CERTIFY, That I attended deceased from For about 3 Years 190 to 190

that I last saw h wife alive on Dec. 6 1907

and that death occurred, on the date stated above, at 9 35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis and Brights Disease

3 years (DURATION) Date

Contributory (Primary.) Athermia (DURATION) DAYS

(Signed) Geo L. Mettis M.D.

Address 6 N. Bway

Date Dec 7th 1907

Place of Burial St. Mathews Cem

Date 12/9/07 190

Undertaker Jno Hennig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 7120 Registered No. B C 7120

M4

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Jones

{Residence, if in Baltimore, Give Street and Number.} 1612 Hanover

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 25 1840

AGE 67 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Jones Jr

(Address) 1148 Scott St

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 PM

CAUSE OF DEATH (Secondary or Immediate)

Was to be operated on by Dr Pitt. Brinkman for Duodenal Ulcer. Dr Just B Rhea - was administering Chloroform when he suddenly Started Vomiting + died at once

Contributory (Primary) Accidental (DURATION) DAYS

Acting (DURATION)

(Signed) Thos Jones M.D. Coroner 3rd D

Address

Date Dec 7th 1907

Place of Burial Loudon Park

Date Dec 10 1907

Undertaker Jos B. Cook

Address 1003 W. Balto St

Remove to 1612 Hanover St

PRINTED BY J. C. BULLEN & CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C 7121 — Registered No. B C 7121 — 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1134 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M. Varina

{Residence, if in Baltimore, Give Street and Number.} 1134 W Hamburg St

Duration of Residence in Baltimore... Life Varina

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: August 1st 1835

AGE: 72 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward Varina

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Dorsey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Varina

(Address) 1134 W Hamburg

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 8 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 8 1907 that I last saw h[e] alive on Dec 7 1907, and that death occurred, on the date stated above, at ...

11. CAUSE OF DEATH (Secondary or Immediate)

Chronic (chronic)

(DURATION) ... DAYS

Contributory (Primary.) Chronic

(DURATION) ... DAYS

Signed ... M.D.

Address 512 Lanvale

Date Dec 9 1907

Place of Burial Western

Date Dec 11 1907

Undertaker J. S. Brook

Address 1103 W Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 7122 Registered No. B C 7122

CERTIFICATE OF DEATH.

112

(Place of Death.) No. 27 S Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine E Fitzpatrick

{Residence, if in Baltimore, Give Street and Number.} 27 S Montgomery St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ... 1 ...

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Norfolk Va.

FULL NAME OF FATHER Geo Lovett

BIRTHPLACE OF FATHER (State or country) Norfolk Va.

MAIDEN NAME OF MOTHER Elizabeth Carmichl

BIRTHPLACE OF MOTHER (State or country) Norfolk Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Fitzpatrick

(Address) 27 S Montgomery

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1907 to Dec 6th 1907

that I last saw h[illegible] alive on Dec 5th 1907,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

3 months (DURATION) DAYS

Contributory (Primary.) ...

(DURATION) DAYS

(Signed) J O'Donnell M.D.

Address 1405 Charles

Date Dec 6 1907

Place of Burial CEDAR HILL.

Date DEC 9 - 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 7123 — Registered No. B C 7123

CERTIFICATE OF DEATH.

1321

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ada D Porter

{Residence, if in Baltimore, Give Street and Number.} 1735 E. Federal

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 11 1881

AGE 26 years, one months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Samuel Hauffels

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Clara D. Hatfield

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) William J Porter

(Address) 1735 E. Federal Street

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1907 to Dec 7 1907

that I last saw h alive on Dec 7 1907

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Laparotomy followed by

Septic infection

(Operation for Salpingitis and pus tubes a.s.)

Contributory (Primary.) Cachexia (DURATION) DAYS

(DURATION) DAYS

(Signed) Walter D Stone M.D.

Address City Hospital

Date Dec 7 1907

Place of Burial Greenmount Cemetery

Date December 10th 1907

Undertaker George Schilling & Son

Address 1126 E Monument Ste

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 7124 — Registered No. B C 7124

CERTIFICATE OF DEATH.

44 ✓

(Place of Death.) No. 1881 N Caroline St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William H Erdman

{Residence, if in Baltimore, Give Street and Number.} 1881 N Caroline st

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 13 th 1840

AGE: 67 years, 7 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Frederick G. Erdman

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Susannah Deal

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Letter Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Erdman Wife

(Address) 1881 N Caroline st

Filed 12/9 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 8, 1907

I HEREBY CERTIFY, That I attended deceased from June 7, 1907 to Dec. 8, 1907 that I last saw h[illegible] alive on Dec 7, 1907 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma of Face

More than a year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Clewell, M.D.

Address 1741 Harford Ave

Date Dec 8, 1907

Place of Burial Druid Ridge Cemetery

Date December 11 th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7125

Ward 21

C 7125

Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1144 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Barrett

{Residence, if in Baltimore, Give Street and Number.} 1144 Cleveland st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 2nd 1842

AGE 65 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Dennis Barrett

BIRTHPLACE OF FATHER (State or country) Island

MAIDEN NAME OF MOTHER Ellen Graham

BIRTHPLACE OF MOTHER (State or country) Island

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joannah McMahon

(Address) 815-5th St N E Marks E

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 6 1907 that I last saw him alive on Dec 6 1907, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

3 hours (DURATION) DAYS

Contributory (Primary.) Paralysis

2 hours (DURATION) DAYS

(Signed) Jos. E. Mann M.D.

Address 865 Colum

Date Dec 7 1907

Place of Burial Loudon Park Cem

Date December 9. 1907

Undertaker Jos B Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 7126 — Registered No. B ..... C 7126

130 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Sophie Durant

{Residence, if in Baltimore, Give Street and Number.} 952 Harlem ave

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 10 1826

AGE: 80 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest E Smith

(Address) 952 Harlem ave

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7— 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 7 1907 that I last saw h.. alive on Dec 7 1907, and that death occurred, on the date stated above, at 10 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Shock and Exhaustion

following pneumonia

(For Prolongation)

A.D.J.

(DURATION) DAYS

Contributory (Primary.) old age.

(DURATION) DAYS

(Signed) J. M. Lane M.D.

Address Md. Gen'l Hosp.

Date Dec. 7— 1907

Place of Burial Lorraine Cem.

Date Dec 10 1907

Undertaker H. J. Eichenlaub & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7127

City of Baltimore, (No. 2010, Bohemia St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. Dockins

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	(Month) (Day) 1 (Year)
AGE	59 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Eastern Shore Md
FULL NAME OF FATHER	Andrew Dorkins
BIRTHPLACE OF FATHER (State or country)	Eastern Shore Md
MAIDEN NAME OF MOTHER	Julia Dorkins
BIRTHPLACE OF MOTHER (State or country)	Eastern Shore Md
OCCUPATION OF DECEASED	Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Peters

(Address) 1516 Mulberry

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Dec 6 1907 that I last saw him alive on Dec 5 1907, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Nephritis.

Contributory (DURATION) DAYS

(Signed) W W Waite M.D.

Dec 8 1907 (Address) 1101 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Dec 9 1907
UNDERTAKER	ADDRESS
J R K Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 7128 Registered No. B C 7128

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 706 Bradley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catherine Ceptura

{Residence, if in Baltimore, Give Street and Number.} 706 Bradley ave Ceptura

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	Colored

DATE OF BIRTH: Unknown 1

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: David Lenza

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Ceptura

(Address) 706 Bradley St.

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Burns

Pneumonia (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Bateman M.D.

Address 700 Lex. av. (City)

Date Dec. 7th 1907

Place of Burial Mt. Olivet Cem

Date Dec 9th 1907

Undertaker Sam'l H. Easton

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

14

C 7129

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6

CERTIFICATE OF DEATH.

Registered No. B C 7129

City of Baltimore, (No. 1500, Malster an St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Gertrude Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: May 21st 1905 (Month) (Day) (Year)

AGE: 2 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H Ford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella F Sterling

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Ford

(Address) 1500 Malster Av

Filed 12/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 8 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 8 1907 that I last saw h[er] alive on Dec 8 1907, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

Acute Broncho-Pneumonia from Measles

(DURATION) 2 DAYS

Contributory

(DURATION) DAYS

(Signed) Albert F. Corney M. D.

Dec 8 1907 (Address) 1412 Mt Royal av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 9th 1907

UNDERTAKER: M Fahey & Sons

ADDRESS: 606 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C 7130

C 7130

Ward 4

Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Parnell

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Oct. 19, 1902

AGE 5 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S—

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1907 to Dec. 7 1907 that I last saw h alive on Dec. 7 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Measles

(DURATION) 10 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Dec. 8, 1907

Place of Burial Cathedral Cemetery

Date Dec. 9 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 7132 — Registered No. B C 7132

951

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 Gorsuch Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luther Frink

{Residence, if in Baltimore, Give Street and Number.} 735 Gorsuch Ave

Duration of Residence in Baltimore. 32 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 8. 1820

AGE: 86 years, 11 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER: Luther Frink

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Lumber Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Frink

(Address) 735 Gorsuch ave

Filed 12/9 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1907

I HEREBY CERTIFY, That I attended deceased from ...190... to Dec 7 1907

that I last saw h... alive on Dec 7 1907,

and that death occurred, on the date stated above, at 10.45 M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia.

(DURATION) four DAYS

Contributory (Primary.) Senility

(DURATION) ... DAYS

(Signed) C Hampson Jones M.D.

Address 2529 St. Paul St

Date Dec 9th 1907

Place of Burial Loudan Park

Date Dec 9 1907

Undertaker E Madison Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 7131 — Registered No. B C 7131

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 1633 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank C. Jenkins

{Residence, if in Baltimore, Give Street and Number.} 1633 E. North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH Feb 21st 1889

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank T Jenkins

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Duff

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank T. Jenkins

(Address) 1633 E. North Ave.

Filed 12/9" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1907 to Dec 7th 1907

that I last saw him alive on Dec 7th 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 year DAYS

(Signed) A. G. Rytina M.D.

Address 2264 E. Monument St

Date Dec 9th 1907

Place of Burial Bonnie Brae Cem.

Date December 10th 1907

Undertaker Wendell & Uphold Co.

Address 330 N. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 7133 Registered No. B C 7133

CERTIFICATE OF DEATH. 137

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estella Bowden

{Residence, if in Baltimore, Give Street and Number.} 530 Lombard St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William W Lee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Edward

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. Gen. Hospital

(Address)

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonis

(DURATION) 4d DAYS

Contributory (Primary.) abortion, puerperal

by Anemia (DURATION) ..... DAYS

(Signed) Wm Balloomin M.D.

Address 700 Log. av. Comm.

Date Dec. 7th 1907

Place of Burial St Johns Roman Cath St Mary Co

Date Dec 11th 1907

Undertaker D W Chase Son

Address 1400 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 7134 — Registered No. B C 7134

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stella A Coleman

{Residence, if in Baltimore, Give Street and Number.} Chester S. C.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH July 8 1867

AGE 40 years, 5 months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER J. C. Mattoon

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Sarah Bundy

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. Coleman

(Address) Chester S C

Filed 12/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Dec 9 1907 that I last saw h[illegible] alive on Dec 9 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis peritonitis

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address The Johns Hopkins Hosp

Date 12/9 1907

Place of Burial Loudon Park Cemetery

Date Dec 10th 1907

Undertaker W. M. Cook

Address 503 E. Lombard

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 7135 — Registered No. B C 7135

121 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Oliver Dull

{Residence, if in Baltimore, Give Street and Number.} 2204 Essex Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo. O. Dull

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julie C. Dull

(Address) 2204 Essex St

Filed 12/9 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7" 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 7" 1907 that I last saw him alive on Dec 7" 1907, and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis & pyonephrosis

(DURATION) DAYS

Contributory (Primary.) Urethral stricture.

(DURATION) DAYS

(Signed) J. W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date December 8 1907

Place of Burial Baltimore Cemetery

Date December 10 1907

Undertaker Wm C. Black

Address 223 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 7136 — Registered No. B C 7136

1796

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 S Spring St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Wm O Henrick

{Residence, if in Baltimore, Give Street and Number.} 1625 Alice Anne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	White
DATE OF BIRTH	1
AGE	70 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Oscar Henrick
BIRTHPLACE OF FATHER (State or country)	Philadelphia
MAIDEN NAME OF MOTHER	Catherine Fuller
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Railroader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Henrick

(Address) 1625 Alice Anne St

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at —M. CAUSE OF DEATH (Secondary or Immediate

Cardiac failure

(DURATION) DA

Contributory (Primary.)

(DURATION) DA

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St

Date Dec. 8 1907

Place of Burial Oak Lawn

Date Dec. 10 1907

Undertaker Wm Leech

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 7137

Ward 16 C 7137 Registered No. B

CERTIFICATE OF DEATH.

10V

(Place of Death.) No. 1111 N. Vincent St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Albert Leftwich

{ Residence, if in Baltimore, Give Street and Number. } 1111 N. Vincent St.

Duration of Residence in Baltimore. 25 years. 6 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 5. 1855

AGE: 52 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elvina Leftwich

(Address) 1111 N. Vincent St.

Filed 12/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Dec 6 1907 that I last saw him alive on - - 190 -, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 5 DAYS

Contributory (Primary) La Grippe

(DURATION) 15 DAYS

(Signed) A. L. Saunders M.D.

Address 1113 N. Gilmor St.

Date December 9 1907

Place of Burial Laurel Cemtery

Date Dec 10 1907

Undertaker Geo H Cooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C 7138 Registered No. B C 7138

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 3207 Abell ave (Waverly) St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Battist

{Residence, if in Baltimore, Give Street and Number.} 3207 abell ave (Waverly)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W
DATE OF BIRTH 12/8/07	1
AGE	24 hours,
	years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	August Battist
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Carey Stanola
BIRTHPLACE OF MOTHER (State or country)	Italy.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 3207 Abell Ave.

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/9/07 190

I HEREBY CERTIFY, That I attended deceased from 12-8/07 190 to 12/9/07 190

that I last saw h en alive on 12/9/07 190

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth. (7 months)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Gadden. M.D.

Address 2631 Gun K Rd

Date 12/9/07 190

Place of Burial St. Vincents Cemetery

Date Dec. 9th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 7139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93 ✓

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7139

City of Baltimore, (No. 824 W. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theodore Rob. Rempp

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH (Month, Day, Year)	Nov 12 1887
AGE	20 years, 11 months, 25 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Theodore R. Rempp.
BIRTHPLACE OF FATHER (State or country)	Phila Pa
MAIDEN NAME OF MOTHER	Mary E. Pitzel
BIRTHPLACE OF MOTHER (State or country)	Carroll Co. Md
OCCUPATION OF DECEASED	Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore R Rempp.

(Address) 820 W Franklin St

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 7 1907 (Month, Day, Year)

I HEREBY CERTIFY, That I attended deceased from Nov-26th 1907 to Dec-7th 1907 that I last saw h[illegible] alive on Dec-7th 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Organic Heart disease

(DURATION) 11 DAYS

Contributory (DURATION) DAYS

(Signed) J. Tyler Smith M. D.

Dec 9 1907 (Address) 717 N. Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days ✓

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 10 1907

UNDERTAKER: Mrs Andrew Rohdeth — ADDRESS: 730 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 7140 — Registered No. B C 7140

CERTIFICATE OF DEATH.

54V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Shipley

{Residence, if in Baltimore, Give Street and Number.} Hollins St.

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: May 10 1857

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " —

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robt Brookes

(Address) 17 S Calhoun St

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Dec 9 1907 that I last saw h alive on Dec 9 1907, and that death occurred, on the date stated above, at 12:45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Con'ributory (Primary.) Pernicious Anemia. (DURATION) DAYS

(Signed) Carlton M Fleming M.D.

Address University Hospital

Date 12/9 07 1907

Place of Burial Ridge Gen Balto Co Md

Date 12-10 1907

Undertaker Robt Brookes

Address 1204 W Baltic St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. B C 7141

C 7141

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 24. Hafer St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Sieber

{ Residence, if in Baltimore, Give Street and Number. } 24. Hafer

Duration of Residence in Baltimore. 18

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Switzerland

FULL NAME OF FATHER Anton Sieber

BIRTHPLACE OF FATHER (State or country) Switzerland

MAIDEN NAME OF MOTHER Mary — —

BIRTHPLACE OF MOTHER (State or country) Switzerland

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B. Sieber

(Address) 24 Hafer St.

Filed 12/9/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 7 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 6.30 P M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) DAYS

Con'ributory (Primary) Organic Heart Disease

(DURATION) DAYS

(Signed) Bryce Jones M.D.

Address Stonesifer

Date Dec - 8 1907

Place of Burial London Park

Date December 10th 1907

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C 7142 — Registered No. B C 7142

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Ridgely st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Margaret Naylor.

{Residence, if in Baltimore, Give Street and Number.} 1105 Ridgely st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 3 1834

AGE: 73 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Miles McGeehan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rachel

BIRTHPLACE OF MOTHER (State or country): Yrenton N. Jersey

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aaron Naylor

(Address) 1105 Ridgely st

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Dec 7 1907 that I last saw h[illegible] alive on Dec 6 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Walter F Sowers M.D.

Address 2311 Edmondson Ave

Date Dec 9 1907

Place of Burial London Park Cemetery

Date Dec. 10th 1907.

Undertaker James Dignan & Sons

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 *Registered No. B* C 7143

C 7143

CERTIFICATE OF DEATH.

11 ✓

(Place of Death.) *No.* 809 *St.* Greenmount Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George St. W. Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 809 Greenmount Ave

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Aug. 3rd 1869

AGE 38 years, 4 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Hoffman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Decorator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Hoffman

(Address) 809 Greenmount Ave

Filed 12/9 1907

HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1140 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Sudden)

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) Joseph Carruthers M.D.

Address Coroner

Date Dec 8 — 1907 ✓

Place of Burial Loudon Park ✓

Date Dec. 11th 1907

Undertaker Jas. & Jno. John H. Tempel

Address 801 W. Fayette St ✓

WM. J. C. DULANY CO., BALTIMORE.

C 7144

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7144

City of Baltimore, (No. 302, N. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Lescer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: [illegible] (Month) (Day) 1826 (Year)
AGE: 81 years, [illegible] months, [illegible] days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed
BIRTHPLACE (State or country): Rio Janeiro Brazil
FULL NAME OF FATHER: Jas Hamilton Bennett
BIRTHPLACE OF FATHER (State or country): Virginia
MAIDEN NAME OF MOTHER: Amelia Hooff
BIRTHPLACE OF MOTHER (State or country): Virginia
OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John L. Hooff
(Address) 302 N. Lanvale St.

Filed 12/9 1907
HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 8" 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 8" 1907
that I last saw h[illegible] alive on Dec 7 1907
and that death occurred, on the date stated above, at [illegible] a. m. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia
and Lang Syncal Oedema.

(DURATION) 2 DAYS

Contributory Senility

(DURATION) ? DAYS

(Signed) Wm B. McDonald M. D.
Dec 9" 1907 (Address) 1305 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park
DATE OF BURIAL: 12-10-1907
UNDERTAKER: Henry W. Justice Undertaking Co
ADDRESS: 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or in his absence, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. ***twenty-four hours after death,*** to the Coroner, when the case comes under his notice, to furnish within

C 7145

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7145

Registered No. B .....

City of Baltimore, (No. ~~547 S. Chester~~ 2049 Clayton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Marie Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 10 1904
(Month) (Day) (Year)

AGE 3 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Charles Burns

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Dora Rausch

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Burns

(Address) 5178 S. Chester St.

Filed 12/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8th 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec'br 4th 1907 to Dec'br 8th 1907

that I last saw her alive on Dec 8th 1907

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 3 DAYS

Contributory weakness and Uremia coma

(DURATION) 4 days DAYS

(Signed) R. T. Hardy M. D.

Dec 9th 1907 (Address) 1902 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 5178 Chester St

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Gd Comet Cemetery	Dec 10 1907
UNDERTAKER	**ADDRESS**
H. Sander & Son	1711 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person intending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether
of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 7146 *Registered No.* **B** C 7146

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* Bay View Insane Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Ballard

{ *Residence, if in Baltimore, Give Street and Number.* } Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Black
DATE OF BIRTH	Unknown 1
AGE	20 years, ... mont's, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Unknown
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1904 to Dec 7 1907 that I last saw her alive on Dec 7 1907, and that death occurred, on the date stated above, at 7 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Miliary Tuberculosis.

(DURATION) 4 Months

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. M. Dunsby M.D.

Address Bay View Asylum

Date Dec 9. 1907

Place of Burial Sacred Heart

Date Dec 10 1907

Undertaker Evans & Spence

Address 1847 20 W. Fayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other perso... can be ascertained, the full name, sex, age, condition (whether... intending the burial, a certificate setting forth, as far as the same ... of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. B C 7147

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora A. Kaiser.

{Residence, if in Baltimore, Give Street and Number.} 219 W Mulberry St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm Kaiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kaiser

(Address) 219 W Mulberry St

Filed Dec 10th 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1904 to Dec 8th 1907

that I last saw h alive on Dec 7th 1907

and that death occurred, on the date stated above, at 2 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Rectal Carcinoma

Asthenia.

(DURATION) DAYS

Contributory (Primary)

Rectal Stricture (DURATION) DAYS

(Signed) John T. McCauley M.D.

Address 658 W Franklin St

Date Dec 9th 1907

Place of Burial Holy Redeemer

Date 12/10/07 1907

Undertaker Wm J Schilling

Address 915 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 7148 Registered No. B C 7148

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. 930 N. Charles St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Narcissa L. Clay.

{Residence, if in Baltimore, Give Street and Number.} 930 North Charles St - Baltimore, Md.

Duration of Residence in Baltimore. Over thirty - years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 9 1819

AGE 88 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Georgia

FULL NAME OF FATHER William Williams

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Rebecca Harvey

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. D. Mclay.

(Address) 930 N. Charles St.

Filed 12/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Dec 8 1907 that I last saw h alive on Dec 8 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to old age

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) C B Graham Jr M.D.

Address 24 W. Biddle St

Date Dec 9 1907

Place of Burial Augusta Ga ✓

Date Dec 18 1907

Undertaker Hy W. Jenkins & Sons Co

Address 208 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7149

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C 7149

City of Baltimore, (No. # 810 N. North ave. = St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Celeste Hodson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 7 (Day) 1907 (Year)

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Eugene H. Hodson

BIRTHPLACE OF FATHER (State or country): Dor. Co. Md.

MAIDEN NAME OF MOTHER: Ecra H. Smith

BIRTHPLACE OF MOTHER (State or country): 810 N. North ave.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene H. Hodson

(Address) 810 N. North ave

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 9th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 9th 1907 that I last saw h[e] alive on Dec 9th 1907, and that death occurred, on the date stated above, at 24. M. The CAUSE OF DEATH was as follows:

Debility (DURATION) 30 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. Winfield Mitchell M. D.

Dec 9 1907 (Address) 114 Eutaw st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec. 10. 1907
UNDERTAKER	ADDRESS
E. M. Mitchell	501 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 7150 — Registered No. B C 7150

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Newman

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black -

DATE OF BIRTH July 25, 1904

AGE 3 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S -

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths home

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1907 to Dec. 8, 1907 that I last saw h alive on Dec. 8 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary.) Measles (DURATION) 11 DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carolina St

Date 190

Place of Burial Cathedral Cemetery

Date Dec. 10th 1907

Undertaker Felix B Lyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 7151 Registered No. B — C 7151

CERTIFICATE OF DEATH.

119 ✓

(Place of Death.) No. Nursery & Childs - Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian V. Kounche Koenche

{Residence, if in Baltimore, Give Street and Number.} Nursery & Childs - Hospital

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb - 14 - 1907

AGE: ..... years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ,

MAIDEN NAME OF MOTHER: , ,

BIRTHPLACE OF MOTHER (State or country): ,

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stow

(Address) N. & C. Hospital

Filed 12/10 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to Dec 9 1907 that I last saw h-r alive on Dec 9 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 6 - Mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 839 N Eutaw St

Date Dec 9th 1907

Place of Burial Loudon Park Cem

Date Dec 12th 1907

Undertaker C. H. Blizzard & Co

Address 1119 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore

Ward 4

C 7152

Registered No. B C 7152

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1505 N Chappel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Joseph Fetch

{Residence, if in Baltimore, Give Street and Number.} 1505 Chappel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 30, 1887

AGE 20 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Fetch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Englehart

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Wood finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Fetch

(Address) 1505 Chappel St

Filed 12/10 1907

HARRY C. ANDRAU,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8, 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to Dec. 8 1907

that I last saw h alive on Dec. 7 1907.

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonalis

(DURATION) 9 Mos.

Contributory (Primary.) Exhaustion

(DURATION) 5 DAYS

(Signed) P. E. Lilly M.D.

Address 2001 Cromwell St

Date Dec. 9, 1907

Place of Burial Holy Redeemer Cemetery

Date Dec. 11 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 7153 — Registered No. B C 7153

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 502 Ensor St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Thomas H. Sullivan

{Residence, if in Baltimore, Give Street and Number.} 502 Ensor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept 1844

AGE 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine McGeary

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED China Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sullivan (wife)

(Address) 502 Ensor St

Filed 12/10 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH dec. 9 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate

Heart disease.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Benj. S. Haughton M.D.

Address 1216 N. Caroline St City

Date Dec. 10 1907

Place of Burial Cathedral

Date Dec. 11, 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

C 7154

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15 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7154

Registered No. B

City of Baltimore, (No. 903, N. ~~Ch~~ Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hazel Loretta Volker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 14 (Day) 1907 (Year)

AGE: — years, — months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frederick Volker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Werner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Volker

(Address) 903 N. Colhoun St.

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 9th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1907 to Dec 9th 1907

that I last saw her alive on Dec. 8th 1907,

and that death occurred, on the date stated above, at 11-30 P. M. The CAUSE OF DEATH was as follows:

Premature Birth.
At end of about 7th
Month of Gestation

(DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) H. W. Webner M. D.

Dec 10 1907 (Address) 713 W. Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Dec 11 1907

UNDERTAKER: Geo Weber

ADDRESS: 1155 W. Lanvale

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 7155

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7155

Registered No. B .....

City of Baltimore, (No. 306, Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Gorden McNinch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: Feb 2 (Month) (Day) 1907 (Year)
AGE: ..... years, 10 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Balto City
FULL NAME OF FATHER: Charles M McNinch
BIRTHPLACE OF FATHER (State or country): Balto.
MAIDEN NAME OF MOTHER: Annie L Bennett
BIRTHPLACE OF MOTHER (State or country): Balto City
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bennett
(Address) B-46 Lanvale

Filed 12/10 1907
HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 8 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 8 1907
that I last saw h[er] alive on Dec 7 1907,
and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 15 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J K Lynham M. D.
1907 (Address) 1343 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem
DATE OF BURIAL: 12/10 1907
UNDERTAKER: J Henry Ford
ADDRESS: 2007 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 7156

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 V

CERTIFICATE OF DEATH.

Registered No. B C 7156

City of Baltimore, (No. 2437, E Lafayette Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes Handley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 12 (Month) (Day) 1907 (Year)

AGE: ..... years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): 2437 E. Lafayette ave

FULL NAME OF FATHER: Michael J. Handley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Higgins

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Street Car Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Fahey

(Address) 606 W Lafayette

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Dec 9 1907 that I last saw her alive on Dec 9 1907, and that death occurred, on the date stated above, at 7.45 A M. The CAUSE OF DEATH was as follows:

Croup

one (DURATION) ..... DAYS

Contributory asphyxiation

(DURATION) ..... DAYS

(Signed) W Hall M. D.

Dec 9 1907 (Address) Mt Winans

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mount Marie Towson

DATE OF BURIAL: Dec 10 1907

UNDERTAKER: M J Fahey & Sons

ADDRESS: 606 Lafayette Ave

12 MC.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 7157 Registered No. B C 7157

CERTIFICATE OF DEATH.

152

(Place of Death.) No. 513 Cross alley No 2 St. Infant of Frank & Lydia Gross

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gross

{Residence, if in Baltimore, Give Street and Number.} 513 Cross alley No. 2

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: C
DATE OF BIRTH: 1	
AGE: years, mont's, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Frank Gross.	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Lydia Gross.	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Lydia Gross

(Address) 513 Cross alley

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1907

I HEREBY CERTIFY, That I attended deceased from a Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Con

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Wallace Coroner M.D.

Address

Date Dec 9 1907

Place of Burial Laurel

Date Dec 10 1907

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7158

C 7158

Ward 10

Registered No. B 64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 N Gay St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Hoyer

{ Residence, if in Baltimore, Give Street and Number. } 714 N Gay St

Duration of Residence in Baltimore 60 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: Aug 1832

AGE: years, 75 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gray Dwer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Schmidt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Maritz Hoyer

(Address) 714 N Gay St

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 8 1907

that I last saw h alive on Dec 8 1907

and that death occurred, on the date stated above, at 12 m.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. L. Eddy M.D.

Address 1202 E. Monument.

Date 12/8 1907

Place of Burial Emanuel Cemetery Hartford Road

Date Dec 10 1907

Undertaker Wm. J. Schaeffer

Address 848 Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 7159

9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7159

City of Baltimore, (No. 714 Jefferson St., Waverly Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Gwendolin Kratz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: ... 1 (Month) (Day) Year)

AGE: 2 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John A Kratz

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Julia E Eyl

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Kratz Rt 7 C&H

(Address) 714 Jefferson St Waverly

Filed 12/10 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 7th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1907 to Dec 7th 1907

that I last saw h alive on Dec 7 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Meningitis

1 day. (DURATION) DAYS

Contributory Whooping cough

3 weeks. (DURATION) 7 DAYS

(Signed) H. J. Tischler M. D.

Dec 8 1907 (Address) 811 Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 10 1907
UNDERTAKER	ADDRESS
H E Hughes	1738 Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 7160 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella Bowman

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Col.
DATE OF BIRTH 1	
AGE 27 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Sing-
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Prostitute

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8. 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1907 to Dec 8 1907

that I last saw h.. alive on Dec 8 1907

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia.

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis-

Syphilis (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Dec. 9 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

DEC - 9 1907

Date ..... 190..

Undertaker Wm. J. Howden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 7161 *Registered No. B* C 7161

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Louis Miflin Miller

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Col.

DATE OF BIRTH ..... 1 .....

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) [illegible]

7 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1907 to Dec 8 1907

that I last saw h[illegible] alive on Dec. 8 190[illegible]

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Imm[illegible]

Uremia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

Hemiplegia (DURATION) ..... DAYS

(Signed) Wm P Bay M.D.

Address Bay View

Date Dec. 9 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC - 9 1907 190[illegible]

Undertaker Wm J Snyder

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

KODAK SAFETY FILM

1907
32
575

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 7162 Registered No. B C 7162

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marion E. Mitchell

{Residence, if in Baltimore, Give Street and Number.} ~~Lansdowne~~ Md 1009 Riverside Av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 5th 1875

AGE 33 years, 8 months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Marion Mitchell

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Alice Barnett

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife, Mrs Mitchell

(Address) 1009 Riverside

7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8" 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 8" 1907

that I last saw h[illegible] alive on Dec 8" 1907

and that death occurred, on the date stated above, at 8"

a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. V. Clough M.D.

Address Johns Hopkins Hospital

Date December 8" 1907

Place of Burial Cedar Hill

Date DEC 12 1907

Undertaker Edw. J Fanning

Address 1460 Battery av

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 7163 Registered No. B C 7163

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caleb Pierce

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10, 190

I HEREBY CERTIFY, That I attended deceased from December 9 190 to December 10 190

that I last saw him alive on December 9 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Im

Carcinoma of Transverse Colon

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed)

Address Franklin

Date December 10,

Place of Burial Sparks Sta

Date Dec 11

Undertaker A S Marshall

Address Falls Rd & Third

WM. J. C. [illegible] CO., B[illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) and the **cause and date of death**.

C 7164

missing

Ward 14

C 7165

Registered No. B C 7165

CERTIFICATE OF DEATH.

1171

(Place of Death.) No. 837 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Franklin Hines

{Residence, if in Baltimore, Give Street and Number.} 837 Vine St-

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH Dec 1st — 1891

AGE 16 years, — months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Hines

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Isabella Gibson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Boot black

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Hines

(Address) 837 Vine St-

Filed 12/10 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8- 1907

I HEREBY CERTIFY, That I attended deceased from 12-5- 1907 to 12-8- 1907 that I last saw him alive on 12-8- 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Parenchymatous Nephritis

(DURATION) 10 DAYS ?

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) S B Hughes M.D.

Address 705 George St-

Date Dec 8- 1907

Place of Burial Harmans Md

Date Dec 11 1907

Undertaker W. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 7166 — Registered No. B C 7166

9L

CERTIFICATE OF DEATH.

(Place of Death.) No. 505. W. Conway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mildred Mabel Wasmus

{Residence, if in Baltimore, Give Street and Number.} 505. W. Conway St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 8th. 1906.

AGE 1 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Chas. F. Wasmus

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Alberta L. Wasmus

BIRTHPLACE OF MOTHER (State or country) Balto md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alberta Wasmus.

(Address) 505. W Conway St.

Filed 12/10 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9. 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1907 to Dec. 9 1907 that I last saw her alive on Dec. 9 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Membraneous Croup

(DURATION) 2 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) G. M. Slater M.D.

Address 1703 W. Lafayette Ave.

Date Dec. 9- 1907 190

Place of Burial Lorraine Cem

Date Dec 10 1907

Undertaker H. J. Tickner & Sons

Address Camden & Paca 3 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C 7167

Registered No. B C 7167

CERTIFICATE OF DEATH.

1197

(Place of Death.) No. 807 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McEvoy

{Residence, if in Baltimore, Give Street and Number.} 807 Park ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 21st. 1843

AGE: 64 years, 1 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James McEvoy.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Eleanora Schaeffer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Manager -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McEvoy Jr.

(Address) 807 Park ave

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 25 1907 to Dec 9 1907

that I last saw h.. alive on Dec 9 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema,

(DURATION) 1 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 14 DAYS

(Signed) W. L. [illegible] M.D.

Address 1202 E. Monument St

Date Dec 9 1907

Place of Burial Greenmount

Date Dec 11" 1907

Undertaker Jos. W. Jenkins & Sons Co

Address 600 W. Madison St.

WM. J. C. DULANY CO., Baltimore

Ward ..... C 7163 Registered No. B C 7168

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Insane Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Carmen

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 5 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address .....

Filed 12/10 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16 1904 to Dec 6 1907

that I last saw her alive on Dec 6 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Congestion

(DURATION) 4 DAYS

Contributory (Primary.) Meningitis

& Senility (DURATION) ? DAYS

(Signed) W. M. Dunning M.D.

Address Bay View Asylum

Date Dec. 6 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC - 9 1907 190

Undertaker Wm J Howden

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward ..... C 7169 Registered No. B ..... C 7169

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CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Insane Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Halden

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 40 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Dec 8 1907 that I last saw her alive on Dec 8 1907 and that death occurred, on the date stated above, at 10 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cf Carcinoma

(DURATION) 14 DAYS

Contributory (Primary) General paresis (DURATION) 3yrs DAYS

(Signed) W M Cummins M.D.

Address Bay View Asylum

Date Dec 8 1907 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC - 9 1907 190

Undertaker Wm H Wooden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO. BALTIMORE

Lamar Hollyday, Supt. BAY VIEW ASYLUM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 7170 Registered No. B C 7170

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Winfield

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col

DATE OF BIRTH: 1

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): M. C

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

Address .....

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Dec 7 1907

that I last saw h im alive on Dec. 6 1907,

and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) ..... DAYS

Contributory (Primary) Endocarditis

(DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 7 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC - 9 1907 190

Undertaker Wm J Thrasher

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7171

City of Baltimore, (No. 1724 N. Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Murray Bankard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January (Month) 14 (Day) 1880 (Year)

AGE: 27 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Elias F. Bankard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Francis Bryson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Insurance inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elias F Bankard

(Address) Union Mills Md.

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 9 1907 that I last saw h im alive on Dec 9 1907, and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

(DURATION) 7 Years DAYS

Contributory Hereditary

(DURATION) DAYS

(Signed) C. Stauffer M. D.

Dec 9 1907 (Address) 1655 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Olivet Cem. Carroll Co

DATE OF BURIAL Dec 11 1907

UNDERTAKER Harry W. Ellen

ADDRESS 1944 W. North ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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C 7172

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7172

City of Baltimore, (No 720 W Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J Morton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J B Hyer

(Address) 1429 Penn av

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 2 1907 to Dec 7 1907 that I last saw h[illegible] alive on Dec 6 1907, and that death occurred, on the date stated above, at 10 30 P.M. The CAUSE OF DEATH was as follows:

Paralysis of brain,

about 11 months (DURATION) ..... DAYS

Contributory Age, Advanced age

(DURATION) ..... DAYS

(Signed) Robert Knears M. D.

Dec 9 1907 (Address) 1001 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL [illegible] DATE OF BURIAL Dec 10 1907

UNDERTAKER John M Hughes ADDRESS 1422 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 7173 — Registered No. B C 7173

CERTIFICATE OF DEATH.

274

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harry White

{Residence, if in Baltimore, Give Street and Number.} Bay View 39 S. Dallas st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	Col.

DATE OF BIRTH: Dec 17 1890

AGE: 16 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William White

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Sarah Lannon

BIRTHPLACE OF MOTHER (State or country): Baltimore City Md

OCCUPATION OF DECEASED: Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William White

Address 39 S. Dallas st

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8- 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1907 to Dec. 8 1907

that I last saw him alive on Dec 8 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 9 1907

Place of Burial Lamel Cemetery

Date Dec 10th 1907

Undertaker Chas. G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 7174 Registered No. B C 7174

5 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry E. Challis

{Residence, if in Baltimore, Give Street and Number.} 215 N. Fulton Ave

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 18 1841

AGE 66 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Cincinnatti Ohio

FULL NAME OF FATHER Josiah Eldon Challis

BIRTHPLACE OF FATHER (State or country) New Hampshire

MAIDEN NAME OF MOTHER Lydia Baker

BIRTHPLACE OF MOTHER (State or country) New Hampshire

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellena Challis

(Address) 215 N. Fulton Ave

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 (1 P.M.) 1907 to Dec 8 (7 A.M.) 1907 that I last saw him alive on Dec 8 (2 P.M.) 1907, and that death occurred, on the date stated above, at 7 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes

Four years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date December 9 1907

Place of Burial Mt Vernon Cemetery Howard Co

Date Dec 11th 1907

Undertaker Geo J Smith & Co.

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154 ✓

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7175

Registered No. B.....

City of Baltimore, (No. 113, N Carey St.; (Ogden) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarissa Ogden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 18 (Day) 1828 (Year)

AGE: 79 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Ogden

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Maria Ruckle

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Ogden

(Address) 113 W. Carey st

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 190.. to Dec 10 1907

that I last saw her alive on Dec 8 1907,

and that death occurred, on the date stated above, at 2 30 a m. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ..... DAYS

Contributory Infirmities of Age

(DURATION) ..... DAYS

(Signed) W. P. Morgan M. D.

Dec 10 1907 (Address) 195 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Dec 11 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: Lor & W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C 7176 Registered No. B..... C 7176

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Mc Donough

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 32. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): I

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address)

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1907 to Dec 8 1907

that I last saw him alive on Dec 8 1907,

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) 7 DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Dec 9 1907

Place of Burial Holy Cross Cem.

Date Dec 10 1907

Undertaker Mc Guire & Carroll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 25

Registered No. B C 7177

CERTIFICATE OF DEATH.

(Place of Death.) No. 1741 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edward M. London

{Residence, if in Baltimore, Give Street and Number.} 1741 Hanover St.

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH July 6 1865

AGE 41 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) N. Y.

FULL NAME OF FATHER John London

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER M. Martin

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. Cranen

(Address) Mt. Airy Carroll Co.

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Dec 9 1907 that I last saw h~~im~~ alive on Dec 9 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

acute Dilatation of Heart

(DURATION) 1 DAY

Contributory (Primary.) chronic nephritis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Dec 10 1907

Place of Burial Loudon Park

Date Dec 11 1907

Undertaker C. Sahlman & Son

Address 1 Bl Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 7178 — Registered No. B C 7178

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 828 N. Dallas St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Anna Zelenka

{Residence, if in Baltimore, Give Street and Number.} Baltimore 828 N. Dallas St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Visek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Klecka

(Address) 1513 Ashland Av

Filed 12/10 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 9th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1907 to Dec. 9th 1907

that I last saw h[illegible] alive on Dec. 8th 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs and Cardiac Failure

(DURATION) ? DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis (DURATION) 6 [illegible]

(Signed) W. W. Hales M.D.

Address 2110 Ashland Ave.

Date Dec. 9th 1907

Place of Burial Oak Hill

Date Dec 12 1907

Undertaker Jerome & M. Enoch

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 7179 Registered No. B C 7179

934

CERTIFICATE OF DEATH.

(Place of Death.) No. 1606 Barnes st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Lhotsky

{Residence, if in Baltimore, Give Street and Number.} 1606 Barnes st

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Jno Lhotsky

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant James Lhotsky

(Address 1606 Barnes st

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Dec 10 1907

that I last saw him alive on " 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Sclerosis Pneumonia

14 (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) William J. Ryan M.D.

Address 2008 Eastern Ave

Date December 10 1907

Place of Burial Holy Redeemer

Date Dec 11 1907

Undertaker Frank Brach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7180 Registered No. B C 7180

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 415 N. Duncan & C St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antonie Hail

{Residence, if in Baltimore, Give Street and Number.} 415 N. Duncan ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowe

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hail

(Address) 415 N. Duncan ave

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19th 1907 to Dec 9 1907 that I last saw h alive on Dec 9 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthema

(DURATION) 5 DAYS

Con ributory (Primary.) Myocarditis

2 years (DURATION) DAYS

(Signed) C. G. Ryland M.D.

Address 220 E. Monument St

Date Dec 11 1907

Place of Burial Holy Redeemer

Date Dec. 12 1907

Undertaker Jerome C. McGrath

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 7181 Registered No. B C 7181

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Zack

{Residence, if in Baltimore, Give Street and Number.} 2000 W. Fayette St.

Duration of Residence in Baltimore. 55 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 21st 1828

AGE 79 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Albrecht Breckhut

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph Zack

(Address) 2000 W. Fayette St

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 9 1907

that I last saw h alive on Dec 9 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Dis.

(DURATION) DAYS

Contributory (Primary) Senility.

(DURATION) DAYS

(Signed) A Waldstein M.D.

Address 603 S. Sharp St.

Date Dec 10 1907

Place of Burial Baltimore Cemetery

Date Wed. 12th 1907

Undertaker Wm Ens & Son H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7182 Registered No. B C 7182

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Patterson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Paris

{ Residence, if in Baltimore, Give Street and Number. } 1612 Patterson Ave

Duration of Residence in Baltimore. four days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 6 1907

AGE: ... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Hyman Paris

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Anne Hyskill

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rose Mandlow

Address 1512 Patterson Ave

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 10 1907 that I last saw h~~im~~ alive on Dec 10 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Insufficiency

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) 4 DAYS

(Signed) J. Thomas Nelson M.D.

Address 120 N. Stricker St

Date Dec 10 1907

Place of Burial Hebrew Washington Rd

Date Dec 10 1907

Undertaker Maryliner

Address 620 mc Elderry st

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7183 Registered No. B C 7183

CERTIFICATE OF DEATH.

(Place of Death.) No. 619 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Schott

{Residence, if in Baltimore, Give Street and Number.} 619 W Lee St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 27 1867

AGE 40 years, months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Francis X Schott

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eliz. Bunn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Derwart Sister

(Address) 508 W. Lexington St

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9. at 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Dec 9. 1907

that I last saw h in alive on Dec 9 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 5 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) DAYS

(Signed) J. M. Lamprin M.D.

Address 602 S. Paca St

Date Dec 10 at. 1907

Place of Burial St Alphonsus Cemetery

Date Dec 12 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7184

City of Baltimore, (No. Casa de Maria Broadway & Fairmount Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert H Stuart Stuart

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 5 1845
(Month) (Day) (Year)

AGE 62 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ill.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Miner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stuart

(Address) 1016 N. Eutaw St.

Filed 12/10 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3d 1907 to Dec 8th 1907

that I last saw him alive on Dec 8th 1907,

and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH was as follows:

Chronic dysentery with general health during due to exposure & work in mines of hemorrhage Heart failure (DURATION) 2 DAYS

Contributory Chronic dysentery with chronic nephritis (DURATION) over a year DAYS

(Signed) Clarence A Parsons M. D.

Dec 10 1907 (Address) 214 W Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cem — DATE OF BURIAL Dec 11 1907

UNDERTAKER Sandw Sons — ADDRESS 710 Cathedral

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 7185 Registered No. B C 7185

66V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2538 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George S Donhauser

{ Residence, if in Baltimore, Give Street and Number. } 2538 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 18th 1850

AGE: 57 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Donhauser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Donhauser

(Address) 2538 Canton Ave

Filed 12/10 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1907 to Dec 7th 1907

that I last saw h/m alive on Dec 6 1907,

and that death occurred, on the date stated above, at 8.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary.) Hemiplegia (DURATION) 67 DAYS

(Signed) C. N. Athey M.D.

Address 2 Hudson & Ave

Date Dec 10th 1907

Place of Burial Locust Point Cem.

Date Dec 11 1907

Undertaker H Sandu Son

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 7186 Registered No. B

CERTIFICATE OF DEATH.

81 V

(Place of Death.) No. 1601 N. Patterson Pk. ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Godfried H. Kern

{ Residence, if in Baltimore, Give Street and Number. } 1601 N. Patterson Pk ave.

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 5th 1859
AGE	48 years, 3 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Frederick Kern
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Printer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs G. W. Kern

(Address) 1601 N Patterson Pk ave

Filed 12/10 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1907

I HEREBY CERTIFY, That I attended deceased from 1907 to Dec 9 1907 that I last saw him alive on Dec 9 1907, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Haemorrhage.
Aneurysm (Rupture)

(DURATION) 7 yrs. DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) R. P. Kerzy. M.D.

Address 1601 Patterson Pk ave

Date Dec 10 1907.

Place of Burial Loudon Park.

Date Dec 12th 1907

Undertaker E. W. Dill

Address 810 Fredk. ave: ext:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7187

Ward 4 C 7187 Registered No. B 27V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Wilson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Dec. 1901

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S -

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home.

Filed 12/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1907 to Dec. 10 1907 that I last saw him alive on Dec. 9 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Measles -

(DURATION) 4 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 10 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Dec. 10, 1907

Place of Burial The Cathedral Cemetery

Date Dec 11, 1907

Undertaker Felix B. Pope

Address 102 E. Mulberry St,

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 7188 Registered No. B C 7188

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 2027 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael Albert

{ Residence, if in Baltimore, Give Street and Number. } 2027 Madison Ave.

Duration of Residence in Baltimore. 71 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 12, 1834

AGE: 73 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Albert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary A. Christ

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Buf Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Albert

(Address) Chesapeake St. cor 12th St.

Filed 12/10 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Dec. 9 1907 that I last saw h[illegible] alive on Dec. 9 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 10 minutes ~~DAYS~~

Contributory (Primary.) Myocarditis, Arterio-sclerosis (DURATION) 6 mos. + ~~DAYS~~

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Dec. 9 1907

Place of Burial Cathedral Cemetery

Date Dec. 12, 1907

Undertaker Henry W Means 2nd Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 7189 Registered No. B C 7189

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2813 W. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline A Peed

{Residence, if in Baltimore, Give Street and Number.} 2813 W North ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 12 1825

AGE 82 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert J. Peed

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Caroline A Wright

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L Peed

(Address) 2813 W North ave

Filed 12/11" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9" 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 9 1907

that I last saw her alive on Dec 9" 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 4 DAYS

Contributory (Primary.) General Debility

Senile Debility (DURATION) 60 DAYS

(Signed) W. E. Zapp M.D.

Address 3056 N. Howard ave

Date Dec 9" 1907

Place of Burial M. Olivet Cemetery

Date December 11 1907

Undertaker Evans & Spence

Address 118 W Mt Royal

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 7190 Registered No. B 62

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bell

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. ~~Life~~ 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black -

DATE OF BIRTH: July 1902

AGE: 5 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 12/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1907 to Dec. 9 1907 that I last saw h[illegible] alive on Dec. 9, 1907, and that death occurred, on the date stated above, at 7.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure -

(DURATION) 1 DAYS

Contributory (Primary.)

Measles (DURATION) 11 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Dec. 10, 1907

Place of Burial Cathedral Cemetery

Date Dec. 11th 1907

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 7191 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 North Mount St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth J. Forte

{Residence, if in Baltimore, Give Street and Number.} 1419 North Mount St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 29th 1830

AGE: 77 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Troy New York

FULL NAME OF FATHER: Samuel Dodge

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Jane Sears

BIRTHPLACE OF MOTHER (State or country): Vermont N. H.

OCCUPATION OF DECEASED: Nobany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Fort

(Address) 1419 N. Mount St

Filed 12/11 1907

HARRY C. ANDERS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Dec 9 1907

that I last saw her alive on Dec 9 1907,

and that death occurred, on the date stated above, at 1220 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) La Grippe

(DURATION) 27 DAYS

(Signed) Thos. A. Milliman M.D.

Address 2479 York Road

Date December 9 1907

Place of Burial Western Cemetery

Date Dec. 11th 1907

Undertaker Groves Bentz

Address 554 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7192

Ward 15 C 7192 Registered No. B

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1376 N. Calhoun St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1376 N. Calhoun St.

Duration of Residence in Baltimore. 18 yrs. 11 Mo. 21 da

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Dec. 17 1889

AGE: 18 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Levi A. Johnson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rachel Bass

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Wooden

(Address) 1376 N. Calhoun St.

Filed 12/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 9- 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Dec 9 1907

that I last saw h[illegible] alive on Dec 7 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis & Pneumonia.

(DURATION) 20 DAYS

Contributory (Primary.) La Grip.

(DURATION) 10 DAYS

(Signed) A. L. Lawson M.D.

Address 1113 N. Eutaw St.

Date December 10 1907

Place of Burial Holy Cross Cemetery

Date Dec 12 1907

Undertaker John H. Owens & Son.

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 14th

C 7193 Registered No. B C 7193

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 St. Paul St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas W. White Jr.

{Residence, if in Baltimore, Give Street and Number.} Eutaw Pl. & Wilson St.

Duration of Residence in Baltimore. 8 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 25 1867

AGE 40 years, 6 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Georgia

FULL NAME OF FATHER Thos. W. White

BIRTHPLACE OF FATHER (State or country) Georgia

MAIDEN NAME OF MOTHER Adeline Hodges

BIRTHPLACE OF MOTHER (State or country) Georgia

OCCUPATION OF DECEASED Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) Eutaw Pl & Wilson St.

Filed 12/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10" 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute Indigestion

(DURATION) — DAYS

Con ributory (Primary)

(DURATION) — DAYS

(Signed) Benj. S. Stanley M.D.

Address 1216 E. Caroline St.

Date Dec. 11, 1907

Place of Burial Ashburn Ga.

Date December 11" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 10 C 7194 Registered No. B C 7194

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 818 Somerset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm R. Scott

{Residence, if in Baltimore, Give Street and Number.} 818 Somerset st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH July 19 1875

AGE 32 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo. E. Scott

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Corinne J. Reed

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Anna Scott

Address 818 Somerset

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Dec 10 1907

that I last saw h[illegible] alive on Dec 10 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis.

(DURATION) DAYS

Contributory (Primary.) Myocarditis. 3 mos.

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument

Date [illegible] E. Monument 1907

Place of Burial Loudon Park

Date Dec. 12, 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 7195 Registered No. B C 7195

CERTIFICATE OF DEATH.

64 ✓

(Place of Death.) No. 2022 E. Hoffman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Mullin

{Residence, if in Baltimore, Give Street and Number.} 2022 E. Hoffman St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH Dec 28th 1822

AGE 84 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER John H Mullen

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Mary Bridcil

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Nosset

(Address) 1442 N Gay St

Filed 12/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 10 1907

that I last saw h alive on Dec 9 1907.

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) Ays

(Signed) Gustav Stuck ✓ M.D.

Address 913 N Broadway

Date Dec 10th 1907

Place of Burial Baltimore Cemetery

Date Dec 12th 1907

Undertaker Geo Nosset

Address 1442 N Gay St.

WM. J. C. DULANY CO., BALTIMORE

...ordained, That whenever any person shall die in the said city it shall be ...his or her last sickness, or the Coroner, when the case comes under his ...the full name, sex, age, condition (whether married or single) of the person

Ward 16 C 7196 Registered No. B C 7196

CERTIFICATE OF DEATH.

14th V

(Place of Death.) No. 228 N. Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Fred. Radecke

{Residence, if in Baltimore, Give Street and Number.} 228 N. Fremont ave.

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: Oct 9 1811

AGE: 96 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Brewmaster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A A Lenz

(Address) 228 N. Fremont ave

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Dec 9th 1907

that I last saw him alive on Dec 9th 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Gangrene of left foot and leg, complicating Arterio-sclerosis

(DURATION) 17 DAYS

Contributory (Primary.) Asthenia

(DURATION) 7 DAYS

(Signed) Henry E. Ohle M.D.

Address 1703 W. Fayette St

Date Dec 9th 1907

Place of Burial Druid Hill Park Cemetery

Date Dec 12 1907

Undertaker Mrs Andrew Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7197

Ward 15 C 7197 Registered No. B 95

CERTIFICATE OF DEATH.

(Place of Death.) No. 1820 Pulaski St North St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John W Lantz

{Residence, if in Baltimore, Give Street and Number.} 1820 North Pulaski St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Feby 4 1827

AGE: 80 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Lantz

(Address) 1806 Mt Royal Ave

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 4 1907 to Dec 10 1907

that I last saw h[illegible] alive on Dec 10 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lung from weak Heart & Kidney

(DURATION) DAYS

Con'ributory (Primary.) Old age

(DURATION) DAYS

(Signed) W. F. A. Kemp M.D.

Address 8 W 26th St.

Date December 10 1907

Place of Burial Loudon Park Cemetery

Date Dec 12 1907

Undertaker Mrs Andrew Roberts Son

Address 730 Broadway

W.M. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 2

CERTIFICATE OF DEATH.

Registered No. B C 7198

City of Baltimore, (No. 1431, Myrtle av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Georgia Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Robinson

(Address) 1431 Myrtle av

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Dec 7 1907 that I last saw her alive on Dec 7 1907, and that death occurred, on the date stated above, at 12 P.M. The CAUSE OF DEATH was as follows:

Heart disease

Some months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Chas E. Sadtler M. D.

Dec 9 1907 (Address) 1415 Linden av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Druid Hill — DATE OF BURIAL: Dec 11 1907

UNDERTAKER: John E Hough & Co — ADDRESS: 1422 Pennsylvania av

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1207

CERTIFICATE OF DEATH.

Registered No. B C 7199

City of Baltimore, (No. 629 N. Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert F. Larrimore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 11 (Day) 1834 (Year)

AGE: 73 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W K Farrimore

(Address) 629 N Fulton

Filed 12/11 1907

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 30, 1907 to Dec 10, 1907 that I last saw h[illegible] alive on Dec 10 1907, and that death occurred, on the date stated above, at 1[illegible]40 M. The CAUSE OF DEATH was as follows:

Bright's-disease.

From disease (DURATION) DAYS

Contributory Atherosclerosis

Uncle was (DURATION) DAYS

(Signed) A. E. Purnell M. D.

Dec 10th 1907 (Address) 129 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Edgewood Md — DATE OF BURIAL: Dec 12 1907

UNDERTAKER: John L. Hough & Co — ADDRESS: 1422 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Ward 13 C 7200 Registered No. B C 7200

CERTIFICATE OF DEATH.

176

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonio Palmeri

{Residence, if in Baltimore, Give Street and Number.} 121 Falls Road

Duration of Residence in Baltimore, From year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single Unknown

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) U. S. Marshal

(Address) 3539 Falls Road

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 9th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach Paralysis

(DURATION) 2 DAYS

Con'ributory (Primary.) Poisoned by Picric Acid (DURATION) ... DAYS

(Signed) Wm. Bacalis M.D.

Address 700 Log. Av. (Corner)

Date Dec. 11th 1907

Place of Burial St Vincents

Date Dec 12 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 7201 Registered No. B C 7201

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 199

Full Name Chas Uffler

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: years 9 months 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas Uffler

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Burdin

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin Infy Asy

(Address)

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Inanition.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Mackey M.D.

Address

Date Dec 9 1907

Place of Burial Govanstown M.

Date Dec. 11 1907

Undertaker H. S. Waesche & Son

Address 646 Lafayette Ave, 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

C 7202

Registered No. B .....

City of Baltimore, (No. 147 Wilkens St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leroy Compton Cuffley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Dec 8 1907 (Month) (Day) (Year)
AGE	— years, — months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	J. C. Cuffley
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Margaret Bochum
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Cuffley

(Address) 147 Wilkens St

Filed 12/11 1907

CLERK OF ANDREWS

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from — 1907 to — 1907 that I last saw h— alive on Dec 9 1907, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Premature birth 6 months
lived 36 hours

(DURATION) 2 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Geo. S. M. Kieffer M. D.

Dec 10 1907 (Address) 1414 N Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 11 1907
UNDERTAKER	ADDRESS
Geo A Gerbig	14 S Pulaski

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 7203 Registered No. B C 7203

CERTIFICATE OF DEATH.

140

(Place of Death.) No. 1523 Edmondson ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth C. Fisher

{Residence, if in Baltimore, Give Street and Number.} 1523 Edmondson ave -

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 17 1882

AGE 25 years, 0 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Hy. Kammer

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary E Ross

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Fisher

(Address) 1523 Edmondson ave

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 10th 1907

that I last saw h alive on Dec 10th 1907

and that death occurred, on the date stated above, at 9.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Embolism of Pulmonary artery

10th day after giving birth

to child.

about (DURATION) 10 minutes

Con'tributory (Primary) Syncope

(DURATION) 10 minutes

(Signed) Henry C. O'Neill M.D.

Address 1203 N. Fayette St

Date Dec 10th 1907

Place of Burial Loudon Park

Date Dec 12 1907

Undertaker W. S. Parkin & Son

Address Caroline & Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 7204 Registered No. B C 7204

CERTIFICATE OF DEATH. 64 V

(Place of Death.) No. 811 N Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca W Beavers

{Residence, if in Baltimore, Give Street and Number.} 811 N. Fulton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 26 1833

AGE 74 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John W Way

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Riley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M E Collett

(Address) 811 N Fulton Ave

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9, 1907

I HEREBY CERTIFY, That I attended deceased from Decem 6 1907 to Decem 9 1907 that I last saw her alive on Decem 8, 1907 and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 5 DAYS

Contributory (Primary.) Age

(DURATION) DAYS

(Signed) John H Hood, M.D.

Address 630 N. Gilmor St

Date December 10, 1907

Place of Burial Loudon Park

Date Dec 11 1907

Undertaker J Pickett Sons

Address Amherst & Eden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 7205 — C 7205 — Registered No. B C 7205

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 24 N Caroline St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hilda Hall

{Residence, if in Baltimore, Give Street and Number.} 24 N Caroline St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR B

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jas Hall

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rosetta Snowden

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Hall

(Address) 24 N Caroline St

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Louis Carolina M.D.

Address Boone Md

Date Dec 9 07 1907

Place of Burial Lamar Co

Date Dec 11th 1907

Undertaker Wm J Gorsuch

Address 1421 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C 7206

Registered No. B

C 7206

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Hanover Market Office W ~~St.~~

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Wagner

{Residence, if in Baltimore, Give Street and Number.} Hanover Market Office W

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. McGuinhard 2nd

(Address) Coroner

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ed McGuinhard 2nd M.D.

Coroner

Address

Date December 10 1907

Place of Burial London Park Cemetery

Date December 11 1907

Undertaker M. Doyle and Son

Address 17 E. Lee St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7207 Registered No. B C 7207

CERTIFICATE OF DEATH.

(Place of Death.) No. 312 Pearl st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leaf Dent

{Residence, if in Baltimore, Give Street and Number.} 312 Pearl street

Duration of Residence in Baltimore. All life

SECTION 2. *And be it further enacted and ordained,* That the duty of the Physician who attended during his or her last sickness the deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the setting forth, as far as the same can be ascertained, the **full**

shall die in the said city it shall be the duty of the Superintendent, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Registrar a certificate setting forth, as far as the same can be ascertained, the **full** deceased, and the **cause and date of death.** whether married or single) of the person

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	Colored
DATE OF BIRTH	1
AGE	1 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	William Dent
BIRTHPLACE OF FATHER (State or country)	St Mary's Co
MAIDEN NAME OF MOTHER	Annie Jackson
BIRTHPLACE OF MOTHER (State or country)	do
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Dent

(Address) 312 Pearl st

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 10 1907 that I last saw h e alive on Dec 10 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Catarrhal Pneumonia (DURATION) 2 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) D. Grant Foote M.D.

Address 324 N. Eutaw St

Date Dec 11th, 1907

Place of Burial Laurel Cemetery

Date Dec 12 1907

Undertaker R. S. Collins

Address 506 Raeyer Ave

WM. J. C. DULANY CO., BALTIMORE.

C 7208

Ward 14 C 7208 Registered No. B

CERTIFICATE OF DEATH.

15

(Place of Death.) No. St Vincents Infant's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Worthington

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vin. Inf. Asy.

(Address)

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Cranston

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R. T. Marley M.D.

Address .....

Date Dec 10 1907

Place of Burial New Cathedral

Date December 12 1907

Undertaker Martin Gahey inc'd

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7209 Registered No. B C 7209

150

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asy St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Pound.

{ Residence, if in Baltimore, Give Street and Number. } St Vincent

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin Inf Asy.

(Address)

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis,

Exhaustion from (DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P F Martin M.D.

Address

Date Dec 10 1907

Place of Burial New Cathedral

Date December 12 1907

Undertaker Martin Pahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7210 C 7210

Registered No. B 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Walbrook R.R. near Brunswick St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Samuel C. Snyder

{Residence, if in Baltimore, Give Street and Number.} 709 E. Biddle St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 29 1871

AGE 36 years, 5 months, 10 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. Snyder

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER C. Stansberry

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 709 E. Biddle St.

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 9 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 1907

that I last saw him alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate

Accidentally Scalded to death on Rail Road accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. C. Jones M.D.

Address

Date Dec - 11 1907

Place of Burial Westminster Md

Date Dec 12 th 1907

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7211 Registered No. B C 7211

631

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 Dolphin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine C. Frank.

{Residence, if in Baltimore, Give Street and Number.} 625 Dolphin.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Septimus Claypool

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. W. Parsons

(Address) 1039 N. Calvert St.

Filed 12/11 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10, 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Dec. 10. 1907

that I last saw h[illegible] alive on Dec 9 1907

and that death occurred, on the date stated above, at 1.05 A. M. CAUSE OF DEATH (Secondary or Immediate

Central Apoplexy

(DURATION) 5 DAYS

Contributory (Primary.) Bulbar paralysis (DURATION) 5 mos, DAYS

(Signed) Lee A. Hartman M.D.

Address 1121 N Caroline St

Date Dec. 10, 1907

Place of Burial Greenmount Cem

Date Dec. 12 1907

Undertaker Woodcock

Address 502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C 7212 Registered No. B C 7212

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret M. Cullen

{ Residence, if in Baltimore, Give Street and Number. } 1006 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 1 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Patrick Cullen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Gray

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Patrick Cullen

(Address) 1006 Harford Ave.

Filed 12/11 190 7

HENRY J. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Sudden)

... (DURATION) ... DAYS

Con'tributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Luigi Cannella M.D.

Address Coroners Office

Date Dec 11 1907

Place of Burial New Cathedral Cemetery

Date Dec. 12 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7213 Registered No. B C 7213

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 3d St. Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Aggie E. Lesso

{ Residence, if in Baltimore, Give Street and Number. } 1818 3d St Baltimore

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July 14 1870

AGE 37 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo H. Miller

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Henry

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer J Lesso

(Address) 1818 3d St Baltimore

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11 1907

I HEREBY CERTIFY, That I attended deceased from September 1907 to December 1907

that I last saw h[illegible] alive on December 9 1907

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonum

Endocarditis

(DURATION) 64 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 20 DAYS

(Signed) A H A Mayer M.D.

Address 1618 Madison Ave

Date XII/11 1907

Place of Burial Silver Run Carroll Co Md

Date December 13 1907

Undertaker Harry W. Ehlen

Address 1944 W North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7214 Registered No. B C 7214

CERTIFICATE OF DEATH.

(Place of Death.) No. 2836 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Karwacki

{Residence, if in Baltimore, Give Street and Number.} 2836 Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov. 7 1907

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: John F. Karwacki

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rena Guseckinski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Karwacki.

(Address) 2836 Elliott St

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Dec 11 1907

that I last saw h[illegible] alive on " 9 1907

and that death occurred, on the date stated above, at 3.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia (DURATION) 8 DAYS

Contributory (Primary.) Toxemia (DURATION) 7 DAYS

(Signed) M J. McAvoy M.D.

Address 839 S. Caton Av.

Date Dec 11 1907

Place of Burial St Stanislaus.

Date Thursday Dec 12 1907

Undertaker M F. Vadnoski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

48 ✓

CERTIFICATE OF DEATH.

Registered No. BC 7215

City of Baltimore, [No. 2239, Madison ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jessie MacClymont

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1835 (Year)

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: William MacClymont

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry MacClymont

(Address) 2239 Madison ave.

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 9th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1907 to Dec 9th 1907

that I last saw h[illegible] alive on Dec 9th 1907,

and that death occurred, on the date stated above, at 8-10 P. M. The CAUSE OF DEATH was as follows:

Suppression of Urine

(DURATION) 2 DAYS

Contributory Rheumatic Gout

(DURATION) 18 Yrs.

(Signed) Eugene Douglas M. D.

Dec 10th 1907 (Address) 830 N. Howard ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Dec 12 1907

UNDERTAKER: Stewart & Mowen Co

ADDRESS: 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Ward 6 C 7216 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William C. Lucker

{Residence, if in Baltimore, Give Street and Number.} 1408 N. Bond st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 5 1868

AGE 39 years, 1 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER William Lucker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Mrs Lena Lucker

(Address) 1408 N. Bond st

Filed 12/11" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19th 1907 to Dec 9th 1907 that I last saw him alive on Dec 9th 1907 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate

Anemia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) A. V. Zimmerman M.D.

Address 1805 W North ave

Date Dec 10th 1907

Place of Burial Baltimore Cemetery

Date Dec 13th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7217 Registered No. B C 7217

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Benjamin G Holbrook

{ Residence, if in Baltimore, Give Street and Number. } 319 S Sutton Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR White

DATE OF BIRTH May 1839

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Col Phi Holbrook

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Christina Crei

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Gang-boss-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Holbrook

(Address) 1636 Jonas St

Filed 12/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 28 1907 to Dec 10th 1907

that I last saw him alive on Dec 10th 1907

and that death occurred, on the date stated above, at 4 30 A. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

(DURATION) DAYS

Contributory (Primary) General Edema

+ Exhaustion (DURATION) DAYS

(Signed) 12/10 - 07. M.D.

Address 1 W Saher

Date Baltimore Md Dec 10th 1907

Place of Burial New Cathedral

Date Dec 12 1907

Undertaker E G Weidefeld Jr

Address 2113 Independence Blvd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7218 Registered No. B C 7218 ✓

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah J. Cooper

{Residence, if in Baltimore, Give Street and Number.} 1410 N. Mount

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Warren

(Address) 1410 N. Mount St

Filed 12/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 10 1907

that I last saw h alive on Dec 10 1907

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 7 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 7 DAYS

(Signed) C. H. Flowers M.D.

Address 712 S. Chapel

Date Dec 10 1907

Place of Burial Laurel Cemetery

Date Dec. 13 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. B C 7219

C 7219

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 Carey St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Rebecca Woods

{Residence, if in Baltimore, Give Street and Number.} 1336 Carey St

Duration of Residence in Baltimore. 57 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1830

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Samuel Mains

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Julia Woodland

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lydia Booze

(Address) 133 N. Carey St

Filed 12/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1907 to Dec 10 1907

that I last saw h[illegible] alive on Dec 11 1907

and that death occurred, on the date stated above, at 8:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) N. C. Houck M.D.

Address 1914 E 9 Ave

Date Dec 11 1907

Place of Burial St Peters Cemetery

Date Dec. 13 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7220 Registered No. B C [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 2 W

Full Name James Augustus Owens

{Residence, if in Baltimore, Give Street and Number.} 808 N Calhoun St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Aprie 29th 1861

AGE: 46 years, 7 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Fofall Owens

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary A Owens

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter A Owens

(Address) 808 N. Calhoun St

Filed 12/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday Dec 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17th 1907 to Dec 10th 1907 that I last saw h[illegible] alive on Dec 8th 1907, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Arteriosclerosis

Paralysis (DURATION) DAYS

Contributory (Primary.) ~~Phthisis Pulmonalis~~

Att one year (DURATION) DAYS

(Signed) A. H. Welch M.D.

Address 607 N. Charles St

Date Dec 11th 1907

Place of Burial Druid Ridge Cem

Date Dec. 13 1907

Undertaker Chas. E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and** [illegible] **of death.**

Ward 17 Registered No. B 9722

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Goldberg

{Residence, if in Baltimore, Give Street and Number.} 1517 W Pratt

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Meyer Goldberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachel Goldberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. I.Ginsburg

(Address) 1533 Aisquith St.

Filed Dec 12 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 11 1907

that I last saw her alive on Dec 12 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) One DAYS

Con'tributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) Walter A Cox M.D.

Address 542 Fulton Ave

Date Dec 12 1907

Place of Burial Mt Ren Cemetery

Date Dec 12 1907

Undertaker Max Lemmon

Address Lazarus Eldersley st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1506

CERTIFICATE OF DEATH.

Registered No. B C 7222

City of Baltimore, (No. 47 Druid ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Harry & annie. Latham

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Dec 11 th 1907 (Month) (Day) (Year)

AGE: ..... years, ... months, 1 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Harry Elbie Latham

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie E. Crawford

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry A. Latham

(Address) 47 Druid Ave.

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 11 1907 that I last saw h[illegible] alive on Dec 11 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Mon Closure of Foramen Ovale (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Harry C Alger M. D.

Dec 11 1907 (Address) 340 N Bland Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Dec 12 1907.

UNDERTAKER: Wm. E. Chenoweth & Son

ADDRESS: 919-3rd Ave Hampden.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KODAK SAFETY FILM

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1514

CERTIFICATE OF DEATH.

Registered No. B C 7223

City of Baltimore, (No. 434, Roland Ave St.; ——— Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Son of David & Annie Preston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 11 (Day) 1907 (Year)

AGE: five hours. ... years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: David Preston

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Annie Perry.

BIRTHPLACE OF MOTHER (State or country): Baltimore City.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Preston

(Address) 434 Roland Ave

Filed 12/12 1907

HARRY C. ANDR[illegible]
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 11 1907 that I last saw him alive at Birth 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Premature Birth Immediate

Child lived five hours (DURATION) ... DAYS

Contributory ... (DURATION) ... DAYS

(Signed) A Steller M. D.

Dec 11 1907 (Address) 838 E Roland

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Dec 12 1907

UNDERTAKER: Wm E Chenoweth & Son — ADDRESS: 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 7224 Registered No. B C 7224

9 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 731 E 20th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilbur P. M. Childs

{Residence, if in Baltimore, Give Street and Number.} 731 E 20th st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 4th 1905

AGE: 2 years, 9 months, 7 days

SINGLE, ~~MARRIED~~ ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm J Childs

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Lillian M. Edel

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Childs

(Address) 731 E 20th st

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 11 1907 that I last saw him alive on Dec 11 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dyphteria

(DURATION) 20 hours

Contributory (Primary.) Cocd

(DURATION) 2 DAYS

(Signed) W. P. Morgan M.D.

Address 315 W Monument

Date Dec 11 1907

Place of Burial London Park Cemetery

Date Dec 12th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

Ward 1 C 7225 Registered No. B 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 845 N. Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Collins

{Residence, if in Baltimore, Give Street and Number.} 845 N. Montford ave

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 25th 1845

AGE: 62 years, 10 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Daniel D. Gibbs

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Elizabeth Miller

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Collins Husband

(Address) 845 N Montford ave

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Dec 11 1907

that I last saw h alive on Dec 11 1907,

and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Paralysis.

(DURATION) DAYS

(Signed) C. L. Todd, M.D.

Address 1202 E. Monument

Date 190

Place of Burial Baltimore Cemetery

Date December 14th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7226 Registered No. B C 7226

661

CERTIFICATE OF DEATH.

(Place of Death.) No. 1822 North Ichabes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther M. Wilen

{Residence, if in Baltimore, Give Street and Number.} 1822 North Ichabes St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 7" 1830

AGE 77 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Co. Md.

FULL NAME OF FATHER Wm Mahon

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ann Wolfe

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. P. Shamer

(Address) 1822 N. Ichabes

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Dec. 10 1907

that I last saw h- alive on Dec. 9 1907.

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Jas. C. Clarke M.D.

Address 1201 Mad. Ave

Date Dec. 11. 1907.

Place of Burial Stone Chapel Pikesville

Date December 12. 1907

Undertaker Henry W. Mears Jr

Address 7 West North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B C 7227

City of Baltimore, (No. 103. W York — St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Abraham Johnson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lewis Pitts

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lilia Williams

(Address) 103 wyorth St

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 9. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Dec 9. 1907 that I last saw her alive on Dec 9 1907, and that death occurred, on the date stated above, at 8 0 M. The CAUSE OF DEATH was as follows: —

Acute Nephritis

about 2 months (DURATION) ..... DAYS

Contributory Cardiac asthenia

about (DURATION) 10 DAYS

(Signed) H. Keene M. D.

Dec 10 1907 (Address) 522 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Zion Cem — DATE OF BURIAL: Dec 12 1907

UNDERTAKER: Jno. H. Toadvin — ADDRESS: 142 W. Hill ✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 7228 Registered No. B ..... C 7228

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Simms

{ Residence, if in Baltimore, Give Street and Number. } ..... Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/12 1907 MARY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1907 to Dec 11 1907 that I last saw h[illegible] alive on Dec. 11 1907 and that death occurred, on the date stated above, at 8 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Dec 11 1907

Place of Burial Laurel

Date Dec 12 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 5 — C 7229 — Registered No. B C 7229

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 W. Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer East

{Residence, if in Baltimore, Give Street and Number.} 217 W. Chestnut St

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 5 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John A East

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary J Smith

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Vanderbury

(Address) 217 N. Chestnut St

Filed 12/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12th Dec. 1907.

I HEREBY CERTIFY, That I attended deceased 5 Yrs

12th Dec. 1907 to 12th Dec. 1907

that I last saw him alive on 12th Dec. 1907,

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cy Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Bronchial Pneumonia, (DURATION) Several DAYS

(Signed) E. Eby Ford M.D.

Address 143 Glenrose

Date 10 12 Dec 1907

Place of Burial Laurel Cemetery

Date 13 Dec 12th 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7230 Registered No. B C 7250

CERTIFICATE OF DEATH.

(Place of Death.) No. 574 St Mary Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Smith

{ Residence, if in Baltimore, Give Street and Number. } 574 St Mary St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	1
AGE	28 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John H. Smith
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Ellen Payne
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Cooker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Ellen Smith

(Address) 574 St Mary St

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 6 - 1907 to Dec. 9 - 1907 that I last saw h[illegible] alive on Dec. 9 - 1907, and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Probably 6 months or longer (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. M. Cook M.D.

Address 1101 W Lanvale St

Date Dec. 9 - 1907

Place of Burial Mt. Auburn

Date Dec 12 1907

Undertaker R F Eckhardt

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7231

Registered No. B.....

City of Baltimore, (No. 339, S. Mount X St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Envoy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. (Month) 7 (Day) 1907 (Year)

AGE: — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harry Richard Envoy

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Nellie Kelly

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Envoy

(Address) 339 S. Mount St.

Filed 12/12 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11, 1907. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 7, 1907 to Dec 11, 1907 that I last saw h[im] alive on Dec 10, 1907, and that death occurred, on the date stated above, at 8.40 A. M. The CAUSE OF DEATH was as follows:

Cerebritis

(DURATION) 1 DAYS

Contributory Congenital debility

(DURATION) 30 DAYS

(Signed) H. Lee Mengers M. D.

Dec 11, 1907 (Address) 1205 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Dec 12th 1907
UNDERTAKER	ADDRESS
Robt Sooks & Son	Calhoun & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 7232 Registered No. B C 7232

CERTIFICATE OF DEATH.

(Place of Death.) No. 225½ N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Gadson

{Residence, if in Baltimore, Give Street and Number.} 225½ N. Mount

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	46 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Amy Jackson
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Jackson

(Address) 225½ N Mount St

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec-10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 that I last saw h alive on 1907 and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) 1 DAYS

Contributory (Primary) Organic Heart Disease (DURATION) DAYS

(Signed) C. Irving Jones M.D.

Address Coroner's Office

Date Dec 11 1907

Place of Burial Loudon Park Cemetery

Date Dec 12 1907

Undertaker Alfred S. Ireland

Address 114 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th C 7233 Registered No. B C 7233

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Glauber.

{Residence, if in Baltimore, Give Street and Number.} 106 E Cross St

Duration of Residence in Baltimore. 48

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	May 23 1859
AGE	48 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	S Madian.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	M Kress.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	house Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Glauber

(Address) 106 East Cross St

Filed 12/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1907

I HEREBY CERTIFY, That I attended deceased from as Above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P S Martin M.D.

Address

Date Dec 9 1907

Place of Burial Cedar Hill.

Date 12 11 Dec 1907

Undertaker Wm E Evans & Son

Address 1428 N Charles St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 C 7234 Registered No. B C 7234

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1311 Hollins Court St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Peace Brown

{Residence, if in Baltimore, Give Street and Number.} 1311 Hollins Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: May 23 rd 1905

AGE: 2 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Albert Brown

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary J. Howard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Brown

(Address) 1311 Hollins Court

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 10 th 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baetzman M.D.

Address 700 Lafayette Court

Date Dec 10 th 1907

Place of Burial Mt Auburn Cemetery

Date Dec 12 1907

Undertaker R. McCollister

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7235

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

CERTIFICATE OF DEATH.

Registered No. B C 7235

City of Baltimore, (No. 2523 Eastern Ave — St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME M. Elizabeth Schuckart —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... (Month) ... (Day) 1885 (Year)

AGE: 22 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo. Gerlach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna M. Gerlach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr J. E. Schuckart

(Address) 2523 Eastern Ave

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec — 9 — (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 2 — 1907 to Dec 9 — 1907 that I last saw h — alive on Dec 8 1907, and that death occurred, on the date stated above, at 1.30 a. M. The CAUSE OF DEATH was as follows:

Cardio - Spinal Meningitis

7 Days (DURATION) DAYS

Contributory Coma —

(DURATION) 3 DAYS

(Signed) J C Byrne — M. D.

Dec - 10 1907 (Address) 125 S Bond —

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: 5th Reformed Cem — DATE OF BURIAL: Dec 11 1907

UNDERTAKER: H Nicolaus & Son — ADDRESS: 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C 7236 Registered No. B 1530

CERTIFICATE OF DEATH.

(Place of Death.) No. 1944 Lansdowne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. J. N. Worthington

{Residence, if in Baltimore, Give Street and Number.} 1944 Lansdowne St.

Duration of Residence in Baltimore... Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Nov. 28th 1907

AGE: ....years, ...months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: Chas N Worthington

BIRTHPLACE OF FATHER (State or country): Balto md.

MAIDEN NAME OF MOTHER: Grace J. Fleming

BIRTHPLACE OF MOTHER (State or country): Balto md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas N Worthington

(Address) 1944 Lansdowne St

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1907 to Dec 11th 1907 that I last saw h.m alive on Dec 11th 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Lack of proper nutrition proper by administered and Human Le..... (DURATION) ..... DAYS

Contributory (Primary.) No medical attendance until Dec 10th, history of other symptoms confused— Child not weighed but is normally nourished (DURATION) ..... DAYS

(Signed) Gibbons Hayes M.D.

Address 901 N. Stricker St.

Date Dec. 12th 1907

Place of Burial Cathedral Cemetery

Date Dec 12th 1907

Undertaker William Cook

Address 302 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C 7237

C 7237

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 422 Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude Mary Harris

{Residence, if in Baltimore, Give Street and Number.} 422 N Washington St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Oct 10th 1907

AGE ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Harris

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elmira Peacock

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Harris

(Address) 422 N. Washington St.

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Dec 11 1907

that I last saw her alive on Dec 10 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Atrophy Infantum

(DURATION) 62 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 8 DAYS

(Signed) Adolph C Eisenbarth M.D.

Address 2213 Orleans

Date Dec 11 1907

Place of Burial Mount Carmel Cem.

Date Dec 12th 1907

Undertaker Germans Fraser

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7238 Registered No. B C 7238

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1328 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Annie & John Smith

{Residence, if in Baltimore, Give Street and Number.} 1328 N Fremont

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Dec. 6th 1907

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (single)

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): [illegible] U S

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) ..... DAYS

Con'tributory (Primary.) —

(DURATION) ..... DAYS

(Signed) John Buchman M.D.

Address 700 Lafayette Ave (Corner)

Date Dec. 11th 1907

Place of Burial Mt Zion

Date December 13 1907

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 7239 Registered No. B C 7239

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. #146 N. Lakewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lisowski

{Residence, if in Baltimore, Give Street and Number.} #146 N. Lakewood Ave

Duration of Residence in Baltimore. About 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 2nd 1825

AGE: 90 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Interstate Brd.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Lisowski

(Address) 146 N. Lakewood

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Dec 10 1907

that I last saw h~ alive on Dec 9 1907, 2.10 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurg & Dropsy

(DURATION) DAYS

Contributory (Primary.)

1 Mo (DURATION) DAYS

(Signed) Chas F. Blom M.D.

Address 1023 Bolton

Date Dec 12 1907

Place of Burial Oak Lawn

Date 12/13/07 1907

Undertaker Henry Lee

Address 208 Aisquith St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7240

Ward 4 C 7240 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Bavis

{ Residence, if in Baltimore, Give Street and Number. } Do. 1104 E. Federal St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 30, 1907

AGE — years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER William F. Bavis

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Mary E. Stevenson

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Bavis (Father)

(Address) Do. 1105 E Federal st

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1907 to Dec 11 1907 that I last saw him alive on Dec 10 1907, and that death occurred, on the date stated above, at 5:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Elwell, M.D.

Address 1741 Hanford ave

Date December 11, 1907

Place of Burial Holy Cross

Date Dec. 12 1907

Undertaker John J. Dulany

Address Cor 32 & Wm. St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — C 7241 — Registered No. B C 7241 151D

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Koplin

{ Residence, if in Baltimore, Give Street and Number. } St Vincent. Infant asylum

Duration of Residence in Baltimore. Fortune

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH October 30 1907

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Superior

(Address)

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from 190 to Dec 11 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. E. Hayward M.D.

Address 1230 N Caroline St

Date 12-11 1907

Place of Burial New Cathedral

Date December 12 1907

Undertaker Martin Dahey and Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7242 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abbe Rook

{ Residence, if in Baltimore, Give Street and Number. } St Vincents I.A.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) B

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin. Inf. Asy.

(Address)

Filed 12/12 1907

HARRY U. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec- 11 1907

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. Marlin M.D.

Address

Date Dec 1907

Place of Burial Our Cathedral

Date December 12. 1907

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7243

City of Baltimore, (No. 717 N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Ida Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 14th 1839 (Month) (Day) (Year)

AGE: 68 years, 3 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Carl Hilligiest

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Young

(Address) 717 N. Mount

Filed 12/12 190 7

BARRY C. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 10th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 26th 1907 to December 10th 1907 that I last saw her alive on December 10th 1907, and that death occurred, on the date stated above, at 10.45 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Several Years (DURATION) DAYS

Contributory Asthenia

(DURATION) 10 DAYS

(Signed) H. J. Carrick M. D.

190 (Address) 1417 McCulloh St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Dec 13 190 7

UNDERTAKER: H. J. Tickner & Sons | ADDRESS: 428 W. Camden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 7244

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7244

City of Baltimore, (No. Balto. Eye Ear & Throat Hospital St.; Room Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel Webster Brewer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 11 1840
(Month) (Day) (Year)

AGE: 67 years, 1 months, 1 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: J. B. Welch

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Miss Ford

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. L. Riley

(Address) 731 W. Saratoga St

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 12 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Dec. 12 1907 that I last saw him alive on Dec 11 1907, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) DAYS

Contributory Senility

(DURATION) DAYS

(Signed) J. W. Bruner Jr. M.D.

Dec. 12 1907 (Address) 625 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Va

How long at Place of Death? Since Birth Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ebenezer Cem Rappahannock Va

DATE OF BURIAL: Dec 13 1907

UNDERTAKER: H. J. Tickner & Sons

ADDRESS: 425 N. Camden

WM. J. C. DULANY CO., BALTIMORE

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 7245 Registered No. B C 7245

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 1570 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elbert Merritt

{Residence, if in Baltimore, Give Street and Number.} 1570 Canton ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 1st 1906

AGE: 1 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Al Ward

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dorothy Merritt

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dorothy Merritt

(Address) 1570 Canton Ave

Filed 12/12 1907 GARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 11 1907

that I last saw h er alive on Dec 11 1907,

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Ante Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S. Broadway

Date Dec 11 1907

Place of Burial Mt Carmel

Date Dec 12th 1907

Undertaker H. Snyder & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7246

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 7246

City of Baltimore, (No. 800, N. Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gottlieb Moenke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. (Month) 18 (Day) 1850 (Year)

AGE: 57 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Moenke

(Address) 800 N Payson St

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 10th (Day), 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15th, 1905 to Dec. 10th, 1907 that I last saw h alive on Dec. 10th, 1907, and that death occurred, on the date stated above, at 4 0 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 3 yrs.,

Contributory General Exhaustion and Failure of respiration. (DURATION) 30 DAYS

(Signed) Wm E. Miller M. D.

Dec 11th, 1907 (Address) 2239 Penna Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Dec 13 1907

UNDERTAKER: L Gandel Sons — ADDRESS: 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

44 V

CERTIFICATE OF DEATH.

C 7247

Registered No. B .....

City of Baltimore, (No. Church Home Infirmary St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. V. Dawson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cherman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna Dawson

(Address) Glisidon

Filed 12/12 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 21st 1907 to Dec 11th 1907 that I last saw h-- alive on Dec 11th 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Melanosarcoma with Metastases Ephemeris

..... (DURATION) ..... DAYS

Contributory Melanosarcoma 2 years

for Pig Mon (DURATION) ..... DAYS

(Signed) A. B. Shannon M. D.

Dec 12th 1907 (Address) Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: All Saints Ch Reisterstown — DATE OF BURIAL: Dec 13 1907

UNDERTAKER: Wm Cook — ADDRESS: 32 E Hoffman

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. B C 7248

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 N. Spring Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ruth Harris

{Residence, if in Baltimore, Give Street and Number.} 1815 N Spring Av

Duration of Residence in Baltimore. Born year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dec 5 1886

AGE: 21 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Henry Harris

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Elizabeth Jones

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Harris

(Address) 1815 N Spring St

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Dec 10 1907 that I last saw h[illegible] alive on Dec 10 1907, and that death occurred, on the date stated above, at 11.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Six Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin L Darling M.D.

Address Lansdale Pa

Date Dec 11 1907

Place of Burial Zion Cem. Govanstown

Date Dec 13 1907

Undertaker Geo W. Riddlemoser

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 7249 Registered No. B C 7249

C 7249

123 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 N. Washington St. St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number)

Full Name Bernard J. McElroy

{ Residence, if in Baltimore, Give Street and Number. } 1403 N. Washington St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1845

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: ——— Jas. McElroy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Cassidy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. McElroy

(Address) 2010 Cromwell St.

Filed 12/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto. Dec 10th 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Dec 10th 1907 that I last saw h[illegible] alive on Dec 9 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apparent failure of the brain

(DURATION) 3 DAYS

Contributory (Primary.) Interstitial hemorrhage

Cystitis & Prostatitis (DURATION) 126 DAYS

(Signed) Edward [illegible] M.D.

Address 2 E Lexington St

Date Dec 10th 1907

Place of Burial New Cathedral

Date Dec 13th 1907

Undertaker John J. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7250

City of Baltimore, (No. 424 Sharp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Oneill Edward Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) (Day) 1907 (Year)

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Doyle & Son

(Address) 17 E. Lee St.

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1907 to Dec. 11 1907 that I last saw him alive on Dec. 11 1907, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Marasmus

6 weeks (DURATION) ..... DAYS

Contributory Asthenia

Bronchitis (DURATION) ..... DAYS

(Signed) H. Reese M. D.

Dec. 12 1907 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Dec 12 1907

UNDERTAKER: M. Doyle Son ADDRESS: 17 E. Lee St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W 12 C7251 Registered No. B 331

CERTIFICATE OF DEATH.

(Place of Death.) No. M d University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Powell

{ Residence, if in Baltimore, Give Street and Number. } Catonsville, Md

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR black

DATE OF BIRTH unknown

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Home Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Powell

(Address) Taylors Lane

Filed 12/12 190 7

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11th 190 7

I HEREBY CERTIFY, That I attended deceased from

11/X 190 7 to 12/11 190 7

that I last saw h-r alive on 12/11 190 7,

and that death occurred, on the date stated above, at 4 a.m. P. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia

(DURATION) DAYS

Contributory (Primary) Tuberculosis Salpingitis

and Peritonitis (DURATION) 2 DAYS

(Signed) R.C. Faulkner M.D.

Address Community Hospital

Date Dec. 11th 190 7

Place of Burial Woodlawn Sta.

Date Carroll Co Md. 190

Undertaker Robert & Elliott

Address 506 Rodgers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 7252

Registered No. B.....

City of Baltimore, (No. 1035 Edmondson Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Emma Edmondson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 15th (Month) (Day) 1848 (Year)

AGE: 59 years, 3 months, 10 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James B. Shutt

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary J. Johnson

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housekeeper for self

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bessie M Edmondson

(Address) 1035 Edmondson Ave

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1907 to Dec 11th 1907 that I last saw her alive on Dec 11th 1907, and that death occurred, on the date stated above, at 3.45 P. M. The CAUSE OF DEATH was as follows:

Some Pneumonia Edema of the Lungs which was only discovered in last illness (DURATION) DAYS

Contributory Diabetes only discovered day of death (DURATION) DAYS

(Signed) H. F. Hill M.D.

Dec 11 1907 (Address) 1001 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Dec 13, 1907

UNDERTAKER: Jos B Cook.

ADDRESS: 1003 N Bond

Ward ..... C 7253 Registered No. B ..... C 7253

CERTIFICATE OF DEATH.

(Place of Death.) No. 942 N. Duncan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christina Krebs

{Residence, if in Baltimore, Give Street and Number.} 942 N. Duncan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 10 1904

AGE 3 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER William J. Krebs

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Celestina Wehner

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Krebs

(Address) 942 N. Duncan alley

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dramber 12th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1907 to Dec 12th 1907 that I last saw h er alive on Dec 11th 1907, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria

(DURATION) 3 DAYS

Con tributory (Primary) —

(DURATION) DAYS

(Signed) Edw. M. Singewald M.D.

Address 5 N. Washington st

Date December 12th 1907

Place of Burial Holy Redeemer

Date Dec. 13 1907

Undertaker J. C. Ben

Address 1914 E. Fayette st.

10 A.M.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

FILM

C 7254 C 7254

Ward 6 C 7254 Registered No. B 29 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1737 Carlyle Place –

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 42 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

Address

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to Dec 10th 1907

that I last saw him alive on Dec 10th 1907

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Tongue

+ Laryngitis

(DURATION) – DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) H. H. Kelly M.D.

Address City Hospital

Date Dec 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 12 1907 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address Health Department

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

270

KODAK SAFETY

Ward 15 C 7255 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mabel Gibbons

{Residence, if in Baltimore, Give Street and Number.} 201 N Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 8 1907

AGE — years, — months, 2 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Mabel Gibbons

BIRTHPLACE OF MOTHER (State or country) Georgia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Dec 10 1907 that I last saw h[illegible] alive on Dec 9 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aspiration pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) ~~Prolonged labor~~

Asphyxia neonatorum (DURATION) DAYS

(Signed) Wm O Pauli M.D.

Address Johns Hopkins Hosp.

Date Dec. 10. '07 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 12 1907 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address Health Dept

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 7256 Registered No. B 7256

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Warfield

{Residence, if in Baltimore, Give Street and Number.} Nursery & Childs Hospital

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 19th 1907

AGE: ..... years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): , ,

MAIDEN NAME OF MOTHER: , ,

BIRTHPLACE OF MOTHER (State or country): , ,

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) No E-H

Filed 12/12 1907 CLERK OF ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Dec 11 1907 that I last saw h es alive on Dec 11 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 834 N Eutaw St

Date Dec 11th 1907

JOHNS HOPKINS HOSPITAL DEC 12 1907

Place of Burial

Date 190

Undertaker

Address Health Office

Commissioner Health. Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE

ANATOMICAL PURPOSES

270

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C 7257 — Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 206 Warren Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sarah Susanna Leonard

{Residence, if in Baltimore, Give Street and Number.} 206 Warren Ave

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Apr 12- 1845

AGE: 62 years, 8 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jas. Coy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: S. S. Coy.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Leonard

(Address) 206 Warren ave

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Dec 10 1907 that I last saw her alive on Dec 11 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 3 Months

Contributory (Primary) Gradual Heart Failure (DURATION) 10 DAYS

(Signed) J. W. Cole, M.D.

Address 735 N Fulton Ave

Date Dec - 12 11 1907

Place of Burial Cedar Hill Cemetery

Date Dec 13 - 1907

Undertaker F. A. Kranse & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH. C 7258

Registered No. B.....

City of Baltimore, (No. 2225, Christian St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George F. Lang

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb (Month) 4th (Day) 1857 (Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo Lang

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise Lang

(Address) 2225 Christian St

Filed 12/12 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1907 to Dec. 11, 1907 that I last saw him alive on Dec. 11, 1907, and that death occurred, on the date stated above, at 10:45 a. m. The CAUSE OF DEATH was as follows:

Tuberculosis

..... (DURATION) — DAYS

Contributory —

..... (DURATION) — DAYS

(Signed) E. A. Dickey M. D.

Dec 12, 1907 (Address) 14 W. Monroe St

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 13th 1907
UNDERTAKER	ADDRESS
Geo Lembach & Son	647 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7259 Registered No. B C 7259

CERTIFICATE OF DEATH.

42V

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Cupuel

{Residence, if in Baltimore, Give Street and Number.} 923 Eastern ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	1
AGE	38 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank R. Pattera

(Address) Pratt and Albemarle Sts

Filed 12/12 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Dec 12 1907

that I last saw h alive on Dec 12 1907,

and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion due to hemorrhage and toxaemia

(DURATION) 90 DAYS

Contributory (Primary.) Carcinoma of uterus (DURATION) 300 DAYS

(Signed) J. J. O'Connor M.D.

Address St. Joseph's Hosp.

Date Dec 12 1907.

Place of Burial St. Vincent Cem

Date Dec. 14" 1907

Undertaker Knudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7260 Registered No. B C 7260

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Arala

{ Residence, if in Baltimore, Give Street and Number. } 1236 E. Lexington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 31 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Arala

BIRTHPLACE OF FATHER (State or country): New York N.Y.

MAIDEN NAME OF MOTHER: Kate Connolly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Cora Weber

(Address) 1236 E. Lexington St.

Filed 12/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10" 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Dec 10 1907

that I last saw h— alive on Dec 10 1907, 8.05

and that death occurred, on the date stated above, at 8.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute Nephritis

(DURATION) 3 days

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 E Saratoga

Date Dec 11 1907

Place of Burial Balto. Cem.

Date Dec. 13" 1907

Undertaker Wendell Lippel & Bro

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7261 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. N. E. cor Eden & Chase St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl L. Pieper

{ Residence, if in Baltimore, Give Street and Number. } N. E. cor Eden & Chase Sts

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 24th 1907

AGE: ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. Siebert

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emma Pieper

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Pieper

(Address) 1616 Millermont St.

Filed 12/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 11 1907

that I last saw h alive on 11 " 1907.

and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 5 DAYS

Contributory (Primary.) Cold

(DURATION) 5 DAYS

(Signed) E. C. Peterson M.D.

Address 1103 N Eden St

Date Dec 12. 1907

Place of Burial Stemmers Run

Date 12/13/07 190

Undertaker J Herwig Sons

Address 200 E Oliver St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C7262

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St.

If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Clay Short

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black -

DATE OF BIRTH: Jan. 19, 1905

AGE: 2 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S -

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James W. Short.

BIRTHPLACE OF FATHER (State or country): Unknown -

MAIDEN NAME OF MOTHER: Clara Short -

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed Dec 13 1907

HENRY C. ANDREWS, PERMIT CLERK.

C. C. C. R. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 12, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Dec. 11 1907 that I last saw him alive on Dec. 11 1907, and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date 1907

Place of Burial Cathedral Cemetery

Date Dec. 13 1907

Undertaker Felix B Pyle

Address 112 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7263 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1069 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewis B Vannekay

{Residence, if in Baltimore, Give Street and Number.} 1069 Argyle Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Annie Green

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Vannecky

(Address) 1069 Argyle Ave

Filed 12/13 1907

HARRY C. KNIGHTS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 10 1907

that I last saw h alive on Dec 10 1907

and that death occurred, on the date stated above, at 9.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) L L Hawkins M.D.

Address 2202 Druid Hill Ave

Date December 11 1907

Place of Burial Laurel Cemetery

Date December 13th 1907

Undertaker Theodore White

Address 1701 Gough St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superinteuding the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7264 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1317 N Calhoun St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellison Archer

{Residence, if in Baltimore, Give Street and Number.} 1317 N. Calhoun st

Duration of Residence in Baltimore. 4

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ga

FULL NAME OF FATHER Wm anderson

BIRTHPLACE OF FATHER (State or country) Ga

MAIDEN NAME OF MOTHER -

BIRTHPLACE OF MOTHER (State or country) Ga

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John anderson

(Address) 1317 n Calhoun

Filed 12/13 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12, 1907

I HEREBY CERTIFY, That I attended deceased from December 7 1907 to December 12 1907 that I last saw her alive on Dec, 11 1907 and that death occurred, on the date stated above, at 11.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Had severe Cough due to previous Congestion of lungs.

Cardiac Failure (DURATION) Over 14 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) Yrs.

(Signed) Wm. H. Major M.D.

Address 1373 N. Carey

Date Dec. 12. 1907

Place of Burial Philadelphia Pa

Date Dec 14 1907

Undertaker Wm J Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7265 Registered No. B C 7265

CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 E. 20th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Simonton

{Residence, if in Baltimore, Give Street and Number.} 1014 E. 20th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 12 1907

AGE: ..... years, ... months, 5 Hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto ~~Dora V. Simonton~~

FULL NAME OF FATHER: Vincent Simonton

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Dora V. Simonton

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank. Knowles.

(Address) 1014 E. 20th St.

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to Dec 12 1907 that I last saw h er alive on Dec 12 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) DAYS

Contributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) J. H. Robuin M.D.

Address 726 E. Preston St

Date Dec 12 1907

Place of Burial Balto Cem.

Date Dec 13. 1907

Undertaker Wm Cook

Address 902 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B C 7266

C 7266

CERTIFICATE OF DEATH.

11 r

(Place of Death.) No. 1816 Aiken St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emeline Kissling

{Residence, if in Baltimore, Give Street and Number.} ~~67 years~~ 1816 Aiken st

Duration of Residence in Baltimore... 67 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH February 12 - 1832

AGE 75 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Dorchester Co. Md.

FULL NAME OF FATHER Holt

BIRTHPLACE OF FATHER (State or country) Eastern Shore

MAIDEN NAME OF MOTHER ~~Emeline Holt~~

BIRTHPLACE OF MOTHER (State or country) Eastern Shore

OCCUPATION OF DECEASED Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherine Robinson

(Address) Rossville Md

Filed 12/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec - 5 - 1907 to Dec. 12 - 1907

that I last saw h[illegible] alive on Dec. 11 - 1907

and that death occurred, on the date stated above, at 4.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular heart disease

mitral

3 years (DURATION) DAYS

Contributory (Primary.) —— (DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st.

Date December 12 - 1907

Place of Burial Methodist Epis. Cemetery

Date Dec 15/907

Undertaker Lowbook

Address 5026 Harford Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C7267 Registered No. B [illegible] 108

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Luther Hubbard

{Residence, if in Baltimore, Give Street and Number.} 1339 Jarrett St.

Duration of Residence in Baltimore. 6 700.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Aug 28 1864
AGE	43 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Hubbard
BIRTHPLACE OF FATHER (State or country)	Dorchester Co
MAIDEN NAME OF MOTHER	Susan Glasgow
BIRTHPLACE OF MOTHER (State or country)	Dorchester Co
OCCUPATION OF DECEASED	Stableman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucke R Hubbard

(Address) 1339 Jarrett St

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec. 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 12 1907

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ruptured intestine

(DURATION) 4 DAYS

Contributory (Primary.) Peritonitis

(DURATION) DAYS

(Signed) Benj. S. Templeman M.D.

Address 1216 N Caroline St Coroner

Date Dec. 12 1907

Place of Burial Cambridge Md

Date Dec 13 1907

Undertaker Robt N Dunnock

Address 1422 E Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 Registered No. B 7268

CERTIFICATE OF DEATH.

159 V

(Place of Death.) No. 1807 E Federal St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Jane Squires

{Residence, if in Baltimore, Give Street and Number.} 1807 E Federal St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Dont know 1842

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Brick Burner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. N. Andrews

(Address) 1807 E Federal

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Interior by Burial

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Dec 12 — 1907

Place of Burial Balto Cemetery

Date Dec 14 1907

Undertaker [illegible]

Address 1x x 2 N. Bway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 7269 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2203 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Dorochky

{Residence, if in Baltimore, Give Street and Number.} 2203 E Federal

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ...Dunknown... 1841

AGE 66 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Christian Dorochky.

BIRTHPLACE OF FATHER (State or country) ~~Germany~~

MAIDEN NAME OF MOTHER Dunknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henrietta Dorochky

(Address) 2203 E Federal

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15th 1907 to December 10th 1907 that I last saw him alive on Dec. 10th 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Cancer of Stomach 4 months

(DURATION) DAYS

(Signed) Thos H. A. Myers M.D.

Address 1031 N. Caroline St.

Date December 12th 1907

Place of Burial Mt Carmel

Date Dec 13 1907

Undertaker Robt J. Saunders

Address 1442 N. Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7270 Registered No. B 7270 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 204. N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Henry Gant

{ Residence, if in Baltimore, Give Street and Number. } 204. N. Arlington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 3 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER West Cowman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cora. E. Gant

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ~~Boy~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora. E. Gant

(Address) 204 N. Arlington ave

Filed 12/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec-12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 to Dec 12

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Died from effects of Influenza

(DURATION) DAYS

Contributory (Primary) accidentally Morphia Poisoning (DURATION) 7+7 DAYS

(Signed) Thomas Downs M.D.

Address Catonsville

Date Dec-12 1907

Place of Burial Mt. Auburn

Date Dec. 13 1907

Undertaker A. J. Freeland

Address 106 N. Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

151 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 7271

Registered No. B.....

City of Baltimore, (No. 226 S Eden St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of David & Kate Schmulowitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: December (Month) 11 (Day) 1907 (Year)

AGE: — years, — months, 14 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: David Schmulowitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Kate Jacobs

BIRTHPLACE OF MOTHER (State or country): America.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Schmulowitz

(Address) 226 S Eden St

Filed 12/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1907 to Dec 12 1907 that I last saw h[illegible] alive on Dec 11 1907, and that death occurred, on the date stated above, at 3.05 P.M. The CAUSE OF DEATH was as follows:

Premature Birth

& Marasmus

(DURATION) DAYS

Contributory Premature Birth

No Attent

(DURATION) DAYS

(Signed) Alfred Whitehead M. D.

Dec 12 1907 (Address) The Alleghany

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Pleasant View Cemetery — DATE OF BURIAL: Dec 13, 1907

UNDERTAKER: Max Levinson — ADDRESS: 1620 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V (727) Registered No. B 1196

CERTIFICATE OF DEATH.

(Place of Death.) No. 103 Harrison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles A. L. Tiebelman

{Residence, if in Baltimore, Give Street and Number.} 103 Harrison St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ernst Tiebelman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Harkmeier

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Restaurant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Tiebelman (wife)

(Address) 103 Harrison St

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 10 to Dec 12 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. B. Hayden M.D.

Address 1216 E. Caroline St.

Date Dec. 13 1907

Place of Burial Balto. Cemetery

Date Dec 15th 1907

Undertaker John J. Corcoran

Address 90 Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14073

Ward ..... Registered No. B C7273

CERTIFICATE OF DEATH.

(Place of Death.) No. 823 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hirsch,

{Residence, if in Baltimore, Give Street and Number.} 823 S. Paca. St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 31 1870

AGE 37 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles Hirsch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christina Rusch

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ~~Stage~~ Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hirsch

(Address) 823 S. Paca St.

Filed 12/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1907 to Dec. 11, 1907 that I last saw him alive on Dec. 11, 1907, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculas Laryngitis.

(DURATION) 3 Mos DAYS

Contributory (Primary.) Duct Knot

(DURATION) DAYS

(Signed) Albert L. Chambers M.D.

Address 614 S. Paca St.

Date December 12. 1907

Place of Burial Holy Redeemer

Date Dec 13 — 1907

Undertaker F. A. Kranse & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 C 7274 Registered No. B C 7274

CERTIFICATE OF DEATH.

108 V

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes R. Langley

{Residence, if in Baltimore, Give Street and Number.} 1833 N. Bond St.

Duration of Residence in Baltimore. 43 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 1st 1835

AGE 72 years, 8 months, 11 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore Co

FULL NAME OF FATHER Fletcher Bone

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Isabella Bone

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Barbour

(Address) 1833 N Bond st

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Dec 12 1907 that I last saw her alive on Dec 11 1907 and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 3 DAYS

Contributory (Primary) Strangulated hernia (DURATION) DAYS

(Signed) J V E Knighton M.D.

Address St Joseph's Hospital

Date Dec 12 1907

Place of Burial London Park Cemetary

Date December 16th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7275 Registered No. B

CERTIFICATE OF DEATH.

90 V

(Place of Death.) No. 1002 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Wiskemann

{Residence, if in Baltimore, Give Street and Number.} 1002 N Central ave

C 7275

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 13th 1844

AGE: 63 years, 1 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Wiskemann

(Address) 1002 N Central ave

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1907 to Dec 12th 1907 that I last saw him alive on Dec 12th 1907, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia (DURATION) DAYS

(Signed) A. V. Zimmerman M.D.

Address 1805 W North ave

Date Dec 12th 1907

Place of Burial Mt Carmel Cemetary

Date December 15th 1907

Undertaker Georg Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 4 — Registered No. B C 7276

C 7276

CERTIFICATE OF DEATH.

9 2 V

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johannes Rutz

{ Residence, if in Baltimore, Give Street and Number. } City Hospital (Immegrant)

Duration of Residence in Baltimore. Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Chin

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Schumacher bro

(Address) 5 S. Bay St

Filed 12/13 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 12 1907 that I last saw him alive on Dec 12 1907, and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.) Influenza

(DURATION) DAYS

(Signed) H H Kahn M.D.

Address Balto City Hospital

Date Dec 13 1907

Place of Burial 1st Evangelical Cem.

Date Dec. 13th 1907

Undertaker H. Lauder Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 7277

CERTIFICATE OF DEATH.

C 7277

Registered No. B .....

City of Baltimore, (No. 598 W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgiana Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Col.
DATE OF BIRTH: Dec. (Month) 5 (Day) 1907 (Year)	
AGE: — years, — months, 8 days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Balto City	
FULL NAME OF FATHER: Jas. D. Butler	
BIRTHPLACE OF FATHER (State or country): Richmond Va	
MAIDEN NAME OF MOTHER: Rose Cooley	
BIRTHPLACE OF MOTHER (State or country): Balto. Md.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J. Keller

(Address) 592 W. Mounument

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 12 1907 that I last saw h alive on Dec 12 1907, and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Tetanus: with umbilicus as most probable port of entrance of infection

(DURATION) 2 DAYS

Contributory .....

(DURATION) — DAYS

(Signed) Chas J. Keller M. D.

Dec 13 1907 (Address) 592 W. Mounument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Dec. 13 1907
UNDERTAKER: Alex. Bemeley	ADDRESS: 518 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE

Ward 15 C7278 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Pattenson Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorraine Shelley

{Residence, if in Baltimore, Give Street and Number.} 1106 Pattenson Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Dec. 6 th 1904

AGE: 3 years, ~~11~~ months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Wm. A Shelley

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Ida Burman

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. A. Shelley

(Address) 1108 Pattenson ave

Filed 12/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 11 th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Stenosis of Esophagus

(DURATION) 3 DAYS

Con'tributory (Primary.) Accidentally Scalded (DURATION) DAYS

(Signed) Ida Burman M.D.

Address 720 Lap. ave. (Canton)

Date Dec 11 th 1907

Place of Burial St Pauls Luth. Cem

Date Dec 13 1907

Undertaker Mrs Andrew Rohde's Son

Address 720 Bonaparte

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 7279

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 E. Biddle St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ellen Connors

{ Residence, if in Baltimore, Give Street and Number. } 919 E. Biddle St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 70 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Parrell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Holden

(Address) 919 E. Biddle St

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Friedenwald

J. M. Franklin

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1907 to Dec 12 1907

that I last saw her alive on Dec 11 1907

and that death occurred, on the date stated above, at 11.15 A.M.

CAUSE OF DEATH (Secondary or Immediate.

Carcinoma of stomach, liver & bowels Thus

(DURATION) 1 mo DAYS

Contributory (Primary.) Exhaustion from vomiting

(DURATION) 10 DAYS

(Signed) Julius Friedenwald M.D.

Address 1013 N Charles

Date Dec 13, 1907 1907

Place of Burial Cathedral

Date Dec. 14, 1907

Undertaker H. C. Friedfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C 7280

50 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marvin Beach Johnson

{ Residence, if in Baltimore, Give Street and Number. } Alexandria Va

Duration of Residence in Baltimore. 7.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 22 1891

AGE 16 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER John M Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Constance C Beach

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Johnson

(Address) 604 Prince St Alexandria Va.

Filed 12/13 1907 HARRY C. ANDREES, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 13 1907

that I last saw her alive on Dec 13 1907 9.30

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes mellitus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hospital

Date Dec 13 1907

Place of Burial Alexandria, Va.

Date December 13 1907

Undertaker Henry W. Mears Jr.

Address 7 West North Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

6 7281

150 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 307. N. Arlington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo. Earl Bosch

{ Residence, if in Baltimore, Give Street and Number. } 307. N. Arlington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, ... months, 13 1/2 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jos F Bosch

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Rosa E Murphy

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos F Bosch

(Address) 307 N Arlington Ave

Filed 12/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs
Coma
Ured

13 1/2 hrs (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Bruce Jones M.D.

Address Columbus

Date Dec 13 1907

Place of Burial New Cathedral

Date 12/13 190 7

Undertaker Wm J Schaefer

Address 9 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

Registered No. B C 7282

C 7282

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 S Charles St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Elizabeth Cochran

{Residence, if in Baltimore, Give Street and Number.} 1632 S Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Irwin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mont Knows

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Cochran

(Address) 1632 S. Charles St

Filed 12/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 11 1907

that I last saw her alive on Dec 10 1907,

and that death occurred, on the date stated above, at 1 4 M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatoid arthritis

Independent (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gray M.D.

Address 909 Cathedral

Date Dec 11 1907

Place of Burial Holy Cross Cemetery

Date Dec 14 1907

Undertaker David & Margaret S. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92 1

CERTIFICATE OF DEATH.

Registered No. B C 7283

City of Baltimore, (No. 166 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary C. Soulph,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ~~Years~~ 15 months, ~~days~~ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: William Soulph

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Eva Whiting

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Soulph

(Address) 166 W. Dolphin St

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1907 to Dec 11th 1907 that I last saw h-- alive on Dec 11th 1907, and that death occurred, on the date stated above, at 11.45a P. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 3 DAYS

Contributory Rickets

(DURATION) — DAYS

(Signed) Chas. J. Keller M. D.

Dec 12th 1907 (Address) 221 Williamson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: Dec. 14 1907

UNDERTAKER: Felix B. Poye — ADDRESS: 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7284

City of Baltimore, (No. 315 Stiles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Simon Cockey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Joseph Cockey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B Pege

(Address) 102 Mulberry

Filed 12/13 1907

HARRY C. ANDERSON
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 13 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from abt. Dec 1" 1907 to Dec 13 1907 that I last saw h[im] alive on Dec. 10 1907, and that death occurred, on the date stated above, at —— a.m. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

(DURATION) unknown DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) W. T. Rider M. D.

Dec 13 1907 (Address) 867 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: Dec 15 1907

UNDERTAKER: Felix B. Pege — ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 7285 Registered No. B

76 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Virginia A. Dunbarky

{Residence, if in Baltimore, Give Street and Number.} 718 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 31 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John N Whitlock

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Elizabeth Stahl

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School Trustee

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Whitlock

(Address) 718 N Broadway

Filed 12/13 1907

HARRY C. ANDREWS Register
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on Dec 11th 1907

and that death occurred, on the date stated above, at 5:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Endocarditis

Secondary ——— (DURATION) ... DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) ... DAYS

(Signed) J W Chambers M.D.

Address 19 W Franklin St

Date ... 190 ...

Place of Burial Baltimore Co. Cem.

Date DEC 14 1907 190 ...

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FILM

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7286

City of Baltimore, (No. 1021, Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 15 1835 (Month) (Day) (Year)

AGE: 72 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Schilling

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Schmidt

(Address) 1021 Hanover St

Filed 12/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Dec 11 1907 that I last saw him alive on Dec 10 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Chronic Rheumatism

(DURATION) 11 Yrs DAYS

Contributory

(DURATION) DAYS

(Signed) J. H. Cushman M. D.

Dec 12 1907 (Address) 1303 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Dec 14 1907

UNDERTAKER: E. Schlosnagle Son & Saunders — ADDRESS: 529

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W. C 7287 Registered No. B C 7287

140 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hosp. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Howard.

{Residence, if in Baltimore, Give Street and Number.} Solomans Island Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1862

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewoman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Johnson

(Address) 13 W. Church St

Filed 12/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/10 1907

I HEREBY CERTIFY, That I attended deceased from 190... to Dec 10 1907

that I last saw h.r alive on Dec 10 1907,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) 30 DAYS

Contributory (Primary.) Mastoiditis

(DURATION) 7 DAYS

(Signed) J. H. Bird M.D.

Address University Hosp.

Date December 10 1907. Bal. Co Md

Place of Burial Solomans Island

Date Dec 14 190...

Undertaker Geo. W. Goodwin

Address 1423 Wolfe St

WM. J. C. DULANY CO. Baltimore

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 C 7288 Registered No. B 6V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George R. Hall

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Oct. 1904

AGE: 3 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 12/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 190 to Dec. 13 190 7

that I last saw h alive on Dec. 13. 190 7,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.) Measles (DURATION) 11 DAYS

(Signed) A. C. Willis M.D.

Address 1579 W. Carling St.

Date 190

Place of Burial Cathedral Cemetery

Date Dec. 16 1907

Undertaker Felix [illegible]

Address 103 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C 7289 — Registered No. B 6

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Stilton

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. 2 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black -

DATE OF BIRTH: Sept. 1905

AGE: 2 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elegabeths Home

Filed 12/13/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1907 to Dec 13 190

that I last saw h alive on Dec. 13 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure —

(DURATION) 1 DAYS

Contributory (Primary.)

Measles (DURATION) 17 DAYS

(Signed) A. C. Gillis M.D.

Address 1579 N. Carolne St.

Date Dec. 13, 1907

Place of Burial Cathedral Cemetery

Date Dec. 13 1907

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 7250 Registered No. B C 7250

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 E Fergusd St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas Ray

{Residence, if in Baltimore, Give Street and Number.} 1506 E. Federal

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 19 1831

AGE 75 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Ray.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Susan Crimmore

BIRTHPLACE OF MOTHER (State or country) Jacobs

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Mitchell

(Address) 1506 E Federal

Filed 12/14 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Dec 11 1907 that I last saw h alive on Dec 10 1907, and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

Chronic Myocarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W W White M.D.

Address 1101 N. Bivy.

Date Dec 13 1907

Place of Burial Dasto. Cemetery

Date Dec 14 1907

Undertaker Robt Turnbull

Address 1742 N Bway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 7291 Registered No. B

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 677 Pierce St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emily L. Denby

{Residence, if in Baltimore, Give Street and Number.} 677 Pierce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fanny Lenart

(Address) 677 Pierce St

Filed 12/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Heart

Suicide

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) P J Nash M.D.

Address Cor.

Date Dec 13 1907

Place of Burial Mount Auburn

Date December the 15 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward P C 7292 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1321 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Campbell

{Residence, if in Baltimore, Give Street and Number.} 1321 Woodyear St

Duration of Residence in Baltimore. 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colard

DATE OF BIRTH: 1

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): 1321 Woodyear St

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Marie Campbell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1382 Presstman St

Filed 12/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1907 to Dec 12 1907 that I last saw h-er alive on Dec 12 1907, and that death occurred, on the date stated above, at 5.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Failure, chiefly
Manifested by Enteritis (DURATION) 6 DAYS.
Contributory (Primary.) Marasmus
(DURATION) 5 mos. DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date Dec. 12 1907

Place of Burial Laurel Cemetery

Date December the 14 1907

Undertaker JAMES H. DENNIS.

Address 1382 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 7293 C 7295

C 7293

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm C. Bell

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. Tyler

(Address) Md Penitentiary

Filed 12/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Dec 12 1907 that I last saw him alive on Dec 12, 1907; and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Influenza

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Theodore Cook M. D.

Address 1808 N. Charles St

Date Dec 12 1907

Place of Burial Baltimore Cemetery

Date Dec. 15th 1907

Undertaker Wm Cook

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3/2

Ward 17 C 7294 Registered No. B C 7294

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2021 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Ridgway Andre

{Residence, if in Baltimore, Give Street and Number.} 2021 St Paul St

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sep. 8 1823

AGE: 84 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Sussex Co. Delaware

FULL NAME OF FATHER: James R. Andre

BIRTHPLACE OF FATHER (State or country): Delaware.

MAIDEN NAME OF MOTHER: Sarah Watkins

BIRTHPLACE OF MOTHER (State or country): Wales.

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Andre

(Address) 2021 St Paul St.

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 13th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to 13th Dec 1907

that I last saw him alive on 11th Dec 1907,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) A. R. Reynolds M.D.

Address 209 N Charles St

Date Dec 13th 1907

Place of Burial Greenmount Cemetery

Date Dec 15 1907

Undertaker Edw. I. Fanning, FUNERAL DIRECTOR.

Address 1938 E. Lafayette ave

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7295 Registered No. B C 7295

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Dougherty.

{ Residence, if in Baltimore, Give Street and Number. } 724 N Gay St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Anthony Dougherty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Gray

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Scour and Dyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dougherty

(Address) 724 N Gay St

Filed 12/14 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-12-1907

I HEREBY CERTIFY, That I attended deceased from 12-11 1907 to 12-12 1907 that I last saw him alive on 12-12 1907, and that death occurred, on the date stated above, at 9.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure,

(DURATION) DAYS

Contributory (Primary) Nephritis

Three years, (DURATION) DAYS

(Signed) Wm. W. Bowen M.D.

Address Md. General Hosp.

Date 12-12 1907

Place of Burial Bonnie Brae Cemetery

Date Dec 14 at 8 o'clock am 1907

Undertaker J Wesley Jackson & Son

Address 745 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154 V

CERTIFICATE OF DEATH.

C 7296

Registered No. B.....

City of Baltimore, (No. 1112, McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James C. Dieffendorfer

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Dec (Month) 20 (Day) 1828 (Year)

AGE: 79 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Winchester Va

FULL NAME OF FATHER: Geo B. Dieffendafer

BIRTHPLACE OF FATHER (State or country): Lancaster Pa

MAIDEN NAME OF MOTHER: Camilla E Wilcox

BIRTHPLACE OF MOTHER (State or country): Martinsburg Va

OCCUPATION OF DECEASED: Breeder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E. Dieffendafer

(Address) 2311 N. Charles St

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1906 to Dec. 12 1907

that I last saw h in alive on Dec. 12 1907,

and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Senility.

(DURATION) DAYS

Contributory

Out a year (DURATION) DAYS

(Signed) James C. Clarke M. D.

Dec 14 1907 (Address) 201 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Dec 15 1907

UNDERTAKER: Geo J Smith & Co — ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7297

641

City of Baltimore, (No. 1159, York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Dean Philips

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 28 1845
(Month) (Day) (Year)

AGE 62 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Princeton N. J.

FULL NAME OF FATHER Abrahe Philips

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Julia A. Thorey

BIRTHPLACE OF MOTHER (State or country) New Hampshire

OCCUPATION OF DECEASED Photographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel F. D. Philips

(Address) 1159 York Road

Filed 12/14 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1907 to Dec. 13 1907

that I last saw him alive on Dec. 13 1907,

and that death occurred, on the date stated above, at 10.30 a. m. The CAUSE OF DEATH was as follows:

Syncope Exhaustion

(DURATION) 1 hour

Contributory Cerebral Hemorrhage

(DURATION) 3 hours

(Signed) William Pilsbury M. D.

Dec. 14th 1907 (Address) 1159 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cedar Hill | DATE OF BURIAL Dec 16 1907

UNDERTAKER Standing Funeral Co | ADDRESS 715 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C 7298 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital of Institution, give its Name instead of Street and Number.)

Full Name Columbus V. Emrick

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W.

DATE OF BIRTH: Aug. 22 1833

AGE: 74 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Emrick

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Ann Parker

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 12th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on Dec 12 1907

and that death occurred, on the date stated above, at 9 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Unknown (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) F. A. Vanee M.D.

Address 1133 Valley st

Date Dec 13 1907

Place of Burial Mt Olivet

Date Dec 14 1907

Undertaker H. C. Winkfield

Address 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 7299 C 7299 Registered No. B C 7299

CERTIFICATE OF DEATH.

(Place of Death.) No. 2317 Madison Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Thos. G. Sayler

{Residence, if in Baltimore, Give Street and Number.} 2317 Madison Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Jan 1 1878

AGE 29 years, 11 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. Abner Sayler

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie M Scharff

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

Address 2317 Madison Ave

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 1907 to Dec 13 1907

that I last saw him alive on Dec 13 1907

and that death occurred, on the date stated above, at 2:30 A.M. CAUSE OF DEATH (Secondary or Immediate

Purulent Pleuro-Pneumonia

Contributory (Primary) Streptococcus Infection DURATION 24 Days

DURATION unknown

(Signed) John Neff M.D.

Address 701 N Hamilton Ave

Date Dec 13 1907

Place of Burial Cathedral

Date December 16, 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7300

City of Baltimore, (No. 812 S. Charles St.; 2 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Henry Weaver.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 18th 1835 (Month) (Day) (Year)

AGE: 72 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Caspar Weaver.

BIRTHPLACE OF FATHER (State or country): Hesse Darmstadt Germany.

MAIDEN NAME OF MOTHER: Catherine Lentz.

BIRTHPLACE OF MOTHER (State or country): Hesse Darmstadt Germany.

OCCUPATION OF DECEASED: Butcher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julian Cummings.

(Address) 412 Fawn St.

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 13th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 2nd 1907 to Dec. 13th 1907

that I last saw him alive on Dec 12th 1907

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Coma.

(DURATION) DAYS

Contributory Interstitial Hepatitis

(DURATION) DAYS

(Signed) Henry Hadelsmith M. D.

Dec 13th 1907 (Address) 933 Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 12/15 1907

UNDERTAKER: Evans & Spence — ADDRESS: 18 & 20 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C7301 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. Bach City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H. Messersmith

{ Residence, if in Baltimore, Give Street and Number. } 9800 Evergreen Terrace

Duration of Residence in Baltimore. 6

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Do not know 1840

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm Messersmith

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Johnson

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evans Spence.

(Address) 118 W. Mt Royal Ave.

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to Dec 13 1907 that I last saw h alive on Dec 13 1907, and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

Bright's disease (DURATION) 1 DAY

Con'tributory (Primary.) Syphilis (DURATION) DAYS

(Signed) H H Baker M.D.

Address Bach City Hospital

Date Dec 13 1907

Place of Burial Cathedral Cemetery

Date December 16 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., ENGRAVERS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 C 7302 Registered No. B

CERTIFICATE OF DEATH.

64V

(Place of Death.) No. 106 S Regester St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William B Thomas

{Residence, if in Baltimore, Give Street and Number.} 106 S. Regester St

Duration of Residence in Baltimore. 47 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. S Thomas

(Address) 706 S. Regester St

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7th 1907 to Dec 12th 1907 that I last saw h living alive on Dec 12th 1907 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Maurice Long M.D.

Address 1330 E Baltimore St

Date Dec 13th 1907

Place of Burial Mount Carmel Cem

Date Dec 15th 1907

Undertaker H. Nicolays & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7303 C 7303 Registered No. B .....

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. 1107. N. Gilmor St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann M. Gittier

{ Residence, if in Baltimore, Give Street and Number. } 1107 N. Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 15th 1835

AGE: 72 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Henry Schaulz

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Caroline Anders

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie E. Gittier

(Address) 1107 N. Gilmor

Filed 12/14 1907 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 12th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1907 to Dec 12th 1907

that I last saw her alive on Dec 12th 1907,

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion of Mitral insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Hill M.D.

Address 1001 Edmondson Ave

Date Dec 12th 1907

Place of Burial Green Mount

Date Dec. 14th 1907

Undertaker G. F. Shafer

Address 723 W. Lex. Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7304 Registered No. B C 7304

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 38 Windermere ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret J. Pritchett

{Residence, if in Baltimore, Give Street and Number.} 38 Windermere ave

Duration of Residence in Baltimore. 20 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 25th 1835

AGE 72 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jno. L. White

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Margaret Humphreys

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. Adams

(Address) 38 Windermere ave

Filed 12/14 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 13 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 13 1907 that I last saw her alive on Dec 13 1907 and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Bantus M.D.

Address 809 Gorsuch ave

Date Balto Dec 13 1907

Place of Burial London Park

Date Dec. 16th 1907

Undertaker G. F. Crawford

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C 7305

CERTIFICATE OF DEATH.

No V

(Place of Death.) No. 716 N Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Martha J. Dare

{Residence, if in Baltimore, Give Street and Number.} 716 N. Fremont Ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1860

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Murphy

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mollie Jacobs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dare

(Address) 716. N. Fremont ave

Filed 12/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1907 to Dec 14 1907 that I last saw h.. alive on Dec 13 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral regurgitation and dilated heart

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Jos. H. Hartman M.D.

Address 1003 W. Lanvale St

Date Dec. 14 1907

Place of Burial Centreville Md

Date Dec 16th 1907

Undertaker G. F. Walker

Address 723 N. Eutaw ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7306 Registered No. B C 7306

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Bertie Moog

{Residence, if in Baltimore, Give Street and Number.} 719 Columbia ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 2 1886

AGE: 21 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Marrid

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Grant Fennier

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Liris

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R Graham

(Address) 725 Columbia Ave

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Dec 13 1907

that I last saw h[illegible] alive on Dec 13 1907

and that death occurred, on the date stated above, at 4:45 a M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbia Ave

Date Dec 14 1907

Place of Burial Loudon Park Cem

Date December 15 1907

Undertaker Jos B Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7307 Registered No. B C 7307

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 813½ Butler ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore R Roberts

{ Residence, if in Baltimore, Give Street and Number. } 813 Butler Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH February 2 1906

AGE 1 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Roberts

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Bowers

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Roberts father

(Address) 813 Butler ave

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto Nothenstein M.D.

Address Coroner

Date December 13 1907

Place of Burial Laurel Md

Date Dec 15-07

Undertaker D. L. Brown's Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92 V

CERTIFICATE OF DEATH.

Registered No. B C 7308

City of Baltimore, (No. 5-15, S. Howard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	Sept (Month) 9th (Day) 1906 (Year)
AGE	1 years, 3 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William Parker
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Cora Alsop
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Parker

(Address) 5-15 S. Howard St.

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1907 to Dec 12th 1907 that I last saw her alive on Dec 12th 1907, and that death occurred, on the date stated above, at 11.20 P.M. The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

3 weeks. (DURATION) DAYS

Contributory Stomatitis

(DURATION) DAYS

(Signed) Francis N. Bonne M. D.

Dec 13th 1907 (Address) 1223 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Dec 15th 1907
UNDERTAKER	ADDRESS
C. L. Bromwell Son	116 W Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 7309

City of Baltimore, (No. 2808, Walbrook ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy Estelle Leggett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 29 (Day) 1875 (Year)

AGE: 32 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John A. Pickett

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Laura Airey

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert S Leggett

(Address) 2808 Walbrook ave

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 4 1907 to Dec 12 1907 that I last saw her alive on Dec 12 1907, and that death occurred, on the date stated above, at 2.03 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 8 DAYS

Contributory (DURATION) DAYS

(Signed) Denis M Eastman Jr. M. D.

Dec 13 1907 (Address) 1506 Edmondson Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec 15 1907
UNDERTAKER	ADDRESS
Chas. E. Franck	746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 120

C 7310

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P. Harman

{Residence, if in Baltimore, Give Street and Number.} Bay View.

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Patrick Harmon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11 1907

I HEREBY CERTIFY, That I attended deceased from 9/24 1907 to Dec. 11 1907

that I last saw h sin alive on Dec. 11 1907

and that death occurred, on the date stated above, at 10.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Dec. 11 1907

Place of Burial New Cathedral Cem

Date Dec 14 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7311 Registered No. B C 7311

CERTIFICATE OF DEATH.

(Place of Death.) No. 2841 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth. Mason.

{Residence, if in Baltimore, Give Street and Number.} 2841 Huntingdon Ave

Duration of Residence in Baltimore. 9 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 11. 1882

AGE 25 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co. Md.

FULL NAME OF FATHER Charles. T. Sheckels

BIRTHPLACE OF FATHER (State or country) Howard Co. Md

MAIDEN NAME OF MOTHER Susan. McCrossin

BIRTHPLACE OF MOTHER (State or country) Howard Co. Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Brother. (Informant) Charles. E. Sheckels

(Address) 2841 Huntingdon ave

Filed 12/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to Dec 13th 1907 that I last saw h alive on Dec 13 1907 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 90 DAYS

Contributory (Primary) E. H. Smith (DURATION) 10 DAYS

(Signed) H. W. Fair M.D.

Address 12. E. 25th St.

Date Dec. 13th 1907

Place of Burial Clarksville Howard Co, Md.

Date Dec 16th 1907

Undertaker Wm. E. Eleanor Co

Address 919 3rd ave. Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7312

City of Baltimore, (No. 588, Pennsylvania Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard M Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 10th 1902 (Month) (Day) (Year)
AGE	5 years, 4 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Richard M Brown
BIRTHPLACE OF FATHER (State or country)	Balto. Co. Md.
MAIDEN NAME OF MOTHER	Lula Lantz
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	—

Corrected Dec 12 1907

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Kobas

(Address) 730 Pearl.

Filed 12/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1907 to Dec 14 1907

that I last saw him alive on Nov. 9th 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Cyanosis Pneumonia

Four weeks (DURATION) DAYS

Contributory Measles of

Four weeks (DURATION) DAYS

(Signed) F. C. Smith M. D.

Dec 14 1907 (Address) 1605 N Howard Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... Y

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Stone Chapel Balto Co Md	Dec 15 1907
UNDERTAKER	**ADDRESS**
Wm Andrews Rohde & Son	735 Park

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 E

Registered No. B C 7313

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 1712 Thame St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Retajczak

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 16 1840

AGE: 67 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wojciech Retajczak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Franzis Kosciesionka

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jadwiga Retajczak

(Address) 1712 Thame St

Filed 12-14- 1907 J.F.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 13 1907

I HEREBY CERTIFY, That I attended deceased from December 9 1907 to December 9 1907 that I last saw him alive on December 9 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Emphesima (DURATION) 30 DAYS

Contributory (Primary.) Cardiac

insufficiency (DURATION) 7 DAYS

(Signed) S. J. Szmalski M.D.

Address 722 S. Ann St

Date December 13 1907

Place of Burial St Stanislaus

Date Monday Dec 16 1907

Undertaker M. F. Gadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7314

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 Spring St Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Thoor Stevenson

{ Residence, if in Baltimore, Give Street and Number. } 409 Spring St Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH Oct. 5 1906

AGE 2 years, 2 months, 6 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ S

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Solomon Stevenson

BIRTHPLACE OF FATHER (State or country) Balto City Life

MAIDEN NAME OF MOTHER Annie Stevenson

BIRTHPLACE OF MOTHER (State or country) Richmond Co. Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Stevenson

(Address) 409 Spring St Ct.

Filed 12-14- 1907 J.M.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1907 to Dec 10 1907

that I last saw h[illegible] alive on 12/10/07 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) DAYS

Contributory (Primary) Bronchitis Pneumonia

(DURATION) DAYS

(Signed) A. L. Lee M.D.

Address 733 Cathedral St

Date 14th Dec 1907

Place of Burial Laurel Cemetery

Date 15 Dec 1907

Undertaker John W Henderson

Address 31 N Caroline St

North East Dispensary

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 7315 39

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Murray

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 12-14- 1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1907 to Dec. 13 1907

that I last saw h him alive on Dec. 13 1907,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Lower Jaw

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 13 1907

Place of Burial Presbeterian.

Date Dec 16 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7316

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name M. Moses Cohen

{Residence, if in Baltimore, Give Street and Number.} 385 Greene st

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Israel Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Friedlander

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Rosenbloom

(Address) 831 Hollen St

Filed 12/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Dec 13 1907

that I last saw h im alive on Dec 13 1907,

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

(DURATION) DAYS

Con~~tributory~~ (Primary.) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) L. Bagley jr. M.D.

Address Hebrew Hospital

Date Dec 13 1907

Place of Burial Hebrew Rosedale Cemetery

Date December 15, 1907

Undertaker Marx Levinson

Address 1610 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 7 — Registered No. B 7317 — 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2302 Hunter Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Pinkney

{ Residence, if in Baltimore, Give Street and Number. } 2302 Hunter Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos J. Pinkney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Gardner

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J. Pinkney

(Address) 2302 Hunter Alley

Filed 12/14" 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1907

I HEREBY CERTIFY, That I attended deceased from December 12 1907 to December 13 1907 that I last saw him alive on December 13 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia,
Lobar

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Matthew Mieres M.D.

Address 1122 N. Calvert St.

Date December 14 1907

Place of Burial Laurel Cemetery

Date Dec 16 1907

Undertaker R. S. Leonhardt

Address 506 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7318

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Sterling St — Rear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Hall

{ Residence, if in Baltimore, Give Street and Number. } 821 Sterling St. Rear.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1870

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Princess Anne Md

FULL NAME OF FATHER: Geo W. Hall

BIRTHPLACE OF FATHER (State or country): Princess Anne Md

MAIDEN NAME OF MOTHER: Annie M. Handy

BIRTHPLACE OF MOTHER (State or country): Princess Anne Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annetta Johnson

(Address) 821 Sterling St. Rear

Filed 12/14" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 13th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Dec 13 1907 that I last saw her alive on Dec 13 1907, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 90 DAYS

Contributory (Primary.)

Bronchitis (DURATION) 90 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1305 N North ave.

Date Dec 14th 1907

Place of Burial Mt Zion

Date Dec 15 1907

Undertaker R. A. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7319 Registered No. B

C7319

CERTIFICATE OF DEATH.

(Place of Death.) No. 1131 Brighton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Anne Ely

{ Residence, if in Baltimore, Give Street and Number. } 1131 Brighton St

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Oct 5 1884

AGE: 23 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norfolk Va.

FULL NAME OF FATHER: Peter Thaylon

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Louisa Anne Ford

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: General House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucretia Bembery

(Address) 570 Union Street

Filed 12/14" 1907

HARRY C. ANDREW, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 27th 1907 to Dec. 11 1907 that I last saw her alive on Dec. 11 1907, and that death occurred, on the date stated above, at 11:- P. M. CAUSE OF DEATH (Secondary or immediate)

Phthisis Pulmonalis

Probably 1 year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Wales M.D.

Address 1711 Madison ave,

Date Dec 13, 1907

Place of Burial Mt Auburn

Date Dec 15 1907

Undertaker Alex H Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C7320

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Breeden

{ Residence, if in Baltimore, Give Street and Number. } 807 Columbia Ave

Duration of Residence in Baltimore. 2 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Lamar Holliday, Supt. BAY VIEW ASYLUM.

Filed 12/14" 1907 HARRY C. ANDRE..., Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12. 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1907 to Dec. 12 1907

that I last saw him alive on Dec. 12 1907, 11.45 P.M. and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate) Pulmonary Oedema

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Dec 13. 1907

Place of Burial Leeden Hill

Date Dec 15-14. 1907

Undertaker S. Knell & Son

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

C7321

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2009 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria J. Winter

{Residence, if in Baltimore, Give Street and Number.} 2009 Bank

Duration of Residence in Baltimore. about 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 14th 1826

AGE: 81 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Georg P. Steininely

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margarita Kiesch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Lauber

(Address) 2009 Bank St

Filed 12/14" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 14th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 8th 1907 to Dec. 14th 1907

that I last saw her alive on Dec. 13th 1907

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) General Debility

from old age (DURATION) — DAYS

(Signed) Wm F. Johnson M.D.

Address 2017 E. Baltimore St.

Date Dec 14th 1907

Place of Burial Mount Carmel Cem.

Date Dec. 16 1907

Undertaker Germanus France

Address Bank & Wolfe Sts

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ... C7322 ... Registered No. ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 Chesapeake St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Eantow

{Residence, if in Baltimore, Give Street and Number.} 1102 Chesapeake St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 2nd 1839
AGE	68 years, 9 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	dont know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Zebelein

(Address) 1102 Chesapeake St.

Filed 12/14" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1906 to Dec 12 1907

that I last saw him alive on Dec 11 1907.

and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) — DAYS

Contributory (Primary.)

Uraemia (DURATION) 4 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caroline St.

Date Dec 12 1907

Place of Burial Sacred Heart Cemetery

Date Dec. 16th 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C7323 (illegible) 937

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 Part St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Wirnetshofer

{ Residence, if in Baltimore, Give Street and Number. } 510 Part St.

Duration of Residence in Baltimore. about 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1829

AGE 78 years, — mont's, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lonsinger

(Address) 1515 Lancaster St

Filed 12 | 14 1907

HARRY C. ANDREES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14" 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 12 1907

that I last saw h[illegible] alive on Dec 12 1907

and that death occurred, on the date stated above, at ——

——M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2424 Fait Ave

Date Dec 13 1907

Place of Burial Sacred Heart Cemetery

Date Dec. 17 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Regis... C7324 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 N Streeper St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hazel S. Johnson

{Residence, if in Baltimore, Give Street and Number.} 803 N Streeper

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 15th 1905

AGE: 2 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Paul Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Kiley

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Johnson

(Address) 803 Streeper St.

Filed 12/14" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12/07 190

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 12 1907

that I last saw h[illegible] alive on Dec 12 1907,

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 125 N Bond

Date Dec - 12 1907

Place of Burial Mt. Carmel Cemetery

Date Dec. 15th 1907

H. HANDTP & SONS,

Undertaker

Address 1708-1710 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C7325 67

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Wright

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH May - 1906

AGE 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S -

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 12/14" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 8 1907 to Dec - 14 1907

that I last saw h alive on Dec, 13 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

Measles (DURATION) 6 DAYS

(Signed) A. C. Willis M.D.

Address 1519 N. Caroline St

Date Dec. 14, 1907

Place of Burial Cathedral Cemetery

Date Dec. 14 1907

Undertaker Fred B Pyle

Address 102 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7326

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Jones -

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life C 7326

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black -

DATE OF BIRTH: Aug. 26, 1905

AGE: 2 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S -

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths home

Filed 12/14" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1907 to Dec. 13, 1907 that I last saw h-m alive on Dec. 13 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

(DURATION) 1 DAYS

Contributory (Primary.)

Measles - (DURATION) 17 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Dec. 14, 1907

Place of Burial Cathedral cemetery

Date Dec. 14 1907

Undertaker Fuller & Ryel

Address 152 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 7327 1907

CERTIFICATE OF DEATH.

30 V

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard T. Wells

{ Residence, if in Baltimore, Give Street and Number. } 15 Dorsey's Lane

Duration of Residence in Baltimore. 5

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1892

AGE: 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: J. R. Wells

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary G. Gump

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gump

(Address) 15 Dorsey Lane

Filed 12/14" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Dec 13 1907

that I last saw him alive on Dec 13 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.

Terminal bronchial pneumonia,

of 2½ days.

(DURATION) DAYS

Contributory (Primary.) Pott's disease.

12 years (DURATION) DAYS

(Signed) W. S. Gatch. M.D.

Address Johns Hopkins Hosp

Date Dec 14 1907

Place of Burial White Marsh Cem. Md.

Date Dec. 15th 1907

Undertaker C. W. Dill

Address 510 Fredk. ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B ( ) 1328

City of Baltimore, (No. 1117 Wilcox St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hugh. Jones. Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 12 (Month) 14 (Day) 1907 (Year)

AGE: ..... years, ... months, 1/2 hour days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: James. P. Ward

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary. E. Manning

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Ward

(Address) 1117 Wilcox St

Filed 12/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 14 1907

that I last saw h-- alive on Dec 14 1907,

and that death occurred, on the date stated above, at 12 30 P.M. The CAUSE OF DEATH was as follows:

Died in Labour, cord 15 to 30 Minutes

(DURATION) ..... DAYS

Contributory Premature birth

(DURATION) ..... DAYS

(Signed) J. Wade M. D.

Dec 14 1907 (Address) 621 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Dec 15 1907

UNDERTAKER: Henry Hoeck Sons

ADDRESS: 1304 E. Eager St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward D C Reg

C 7329

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Casey

{Residence, if in Baltimore, Give Street and Number.} 1614 E. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED House W

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Casey

(Address) 1614 E. Lombard St

Filed 12/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Dec 13 1907

that I last saw h e alive on Dec 13 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 3 mo DAYS

Contributory (Primary.) Apoplexy

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 661 Broadway

Date Dec 13 1907

Place of Burial Holy Cross Cem

Date Dec. 16 1907

Undertaker Arundell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C7330

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances A. Leschefsky

{Residence, if in Baltimore, Give Street and Number.} 2108 E Lafayette Ave N.P.C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 3 1907

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Leschefsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Maggie Rier

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Maggie Leschefsky

(Address 2108 E Lafayette Ave

Filed 12/15 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to death, 1907

that I last saw h.. alive on Dec 13 1907

and that death occurred, on the date stated above, at ..M.

..M. CAUSE OF DEATH (Secondary or Immediate)

Pr. Meds. Pneumonia (DURATION) DAYS

Contributory (Primary.) (DURATION) 3 DAYS

(Signed) [illegible] M.D.

Address 1419 E Lafayette Ave

Date Dec 14 1907

Place of Burial New Cathedral Cem

Date 12/15/07 1907

Undertaker J Herwig & Son

Address 1008 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

C7331

CERTIFICATE OF DEATH.

66 V

(Place of Death.) No. 716 N. Eden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Warshowsky

{ Residence, if in Baltimore, Give Street and Number. } 716 N. Eden St

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1845

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Russia Poland

FULL NAME OF FATHER Abraham Goodman

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Russia Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Wolf Warshawsky

(Address) 716 N. Eden

Filed 12/15 1907

HARRY C. ANDREAE, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 13 1907

that I last saw h er alive on Dec 13 1907,

and that death occurred, on the date stated above, at 5.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis

one year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Fleisher M.D.

Address 1119 E. Balto. St

Date Dec 15. 1907

Place of Burial Beth Jakov Cemetery

Date December 15, 1907

Undertaker Wm. Lennon

Address 416 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C7332

CERTIFICATE OF DEATH.

(Place of Death.) No. 317 S. Innis al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E. Hamacher

{Residence, if in Baltimore, Give Street and Number.} 3118 Innis al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 6 1906

AGE 1 year, 1 month, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas Hamacher

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Pearl Lochner

BIRTHPLACE OF MOTHER (State or country) Pat Frederick Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hamacher

(Address) 3118 Innis al

Filed 12/15 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 15 1907 that I last saw h[illegible] alive on Dec 14 1907, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis

(DURATION) 13 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) J. E. Innis M.D.

Address 955 E Lanvale

Date Dec 14 1907

Place of Burial Loudon Park

Date Dec 16 1907

Undertaker H S Finck

Address 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 7383

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 N. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Kane.

{Residence, if in Baltimore, Give Street and Number.} 231 N. Poppleton St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard St

Filed 12/15 1907 HARRY C. ANDREWS, PERMIT CLERK Secretary

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 8 1907 to Dec 14 1907 that I last saw her alive on Dec 13 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pericarditis.

(DURATION) 6. DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) M. A. Duvall M.D.

Address 1315 Hollins St

Date Dec 14 1907.

Place of Burial St. Peters

Date Dec 16th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., Stationers.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C7334

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Lee Turner

{Residence, if in Baltimore, Give Street and Number.} 425 W. Henrietta St

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: 1907

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Turner

(Address) 425 W. Henrietta

Filed 12/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to Dec 11 1907

that I last saw h[illegible] alive on Dec 10 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

Heart (DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

Bronchitis (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 712 N. Broadway

Date Dec 12th 1907

Place of Burial Mt Auburn Cem

Date Dec 15th 1907

Undertaker John H. Broadbent

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

C7335 # CERTIFICATE OF DEATH.

(Place of Death.) No. 15½ N. Amity St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Chas E. Brown

{Residence, if in Baltimore, Give Street and Number.} 15½ N. Amity St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Brown

(Address) 15½ N. Amity

Filed 12/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Dec 13 1907

that I last saw h[illegible] alive on Dec 12 1907,

and that death occurred, on the date stated above, at 6 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilation

Contributory (Primary) Dropsy DURATION 2 mo DAYS

(DURATION) 2 mo DAYS

(Signed) C A Fowler M.D.

Address 712 S. Bond

Date Dec 14 1907

Place of Burial Mt Auburn

Date Dec 15 1907

Undertaker Jacob L. Toadvine

Address 142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

67336

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 Goodmans Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Tripp

{Residence, if in Baltimore, Give Street and Number.} 1120 Goodmans Alley

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: colored

DATE OF BIRTH: May 9 1895

AGE: 12 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: James Tripp

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Mary J. Taylor

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Taylor

(Address) 1120 Goodmans Alley

Filed 12/15/07 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 12 1907

that I last saw h alive on Dec 12 1907

and that death occurred, on the date stated above, at 6.30 M. CAUSE OF DEATH (Secondary or Immediate

Consumption

(DURATION) about 10 DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) Robt. G. Schmidt M.D.

Address 1515 S. Charles St.

Date Dec 13 1907

Place of Burial Mt Auburn

Date Dec 15 1907

Undertaker Fred H. Toadvine

Address 1142 Hillen St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C7337

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Bell

{Residence, if in Baltimore, Give Street and Number.} 1024 N Stockton St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH ....1....

AGE 80 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Mary Mathew

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saddie Lewis

(Address) 1024 N Stockton St

Filed 12/15 1907

HARRY O. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Dec 12 1907

that I last saw h.. alive on Dec 12 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhages

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia

(DURATION) 10 DAYS

(Signed) V J Norwood M.D.

Address 939 W Fayette

Date Dec 13 1907

Place of Burial Laurel Cemetery

Date Dec 15. 1907

Undertaker R St Gilliat

Address 506 Roper Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7th C 7338 Registered No. B [illegible] 358

CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie C Bowen

{Residence, if in Baltimore, Give Street and Number.} 1017 Riverside Ave

Duration of Residence in Baltimore. 0 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 22 1878

AGE: 29 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland - Calvert Co. Md.

FULL NAME OF FATHER: Samuel Bowen

BIRTHPLACE OF FATHER (State or country): Maryland Calvert Co Md

MAIDEN NAME OF MOTHER: Mary Stinnett

BIRTHPLACE OF MOTHER (State or country): Prince Frederick Calvert Co Md

OCCUPATION OF DECEASED: Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J Bowen

(Address) 1017 Riverside Ave

Filed 12/15 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Dec 14 1907

that I last saw h[illegible] alive on Dec 13 1907

and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Acute Inf. Rheumatism

Congestion of the Lungs

(DURATION) 7 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) W. H. Bruce M.D.

Address 828 N Carrollton Ave

Date Dec 14 1907

Place of Burial Calvert-Co Parkton Md

Date December 15 1907

Undertaker Wm E Fayne & Son

Address 1128 N Charles St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7339
57

Registered No. B .....

City of Baltimore, (No. 562, Catford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: Caphas Jones

BIRTHPLACE OF FATHER (State or country): Richmond va

MAIDEN NAME OF MOTHER: Vena Holms

BIRTHPLACE OF MOTHER (State or country): Richmond va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caphas Jones

(Address) 562 Catford st

Filed 12/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 - 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to Dec 13 1907

that I last saw her alive on Dec 12 1907,

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Pneumonia
This child was sick from its birth, attended by cold midwife (DURATION) 5 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. Yingling M. D.

Dec 14 1907 (Address) 709 Dolphin st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mont Auburn

DATE OF BURIAL: Dec 15 1907

UNDERTAKER: L H Owens & Son

ADDRESS:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 7340 Registered No. B C 7340

CERTIFICATE OF DEATH.

179 V

(Place of Death.) No. 1901 N Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Edward Cusick

{Residence, if in Baltimore, Give Street and Number.} 1901 N. Castle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 26 1907

AGE: ..... years, 6 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wm. Edward Cusick

BIRTHPLACE OF FATHER (State or country): Niagara Falls N.Y.

MAIDEN NAME OF MOTHER: Nellie Jessie Killian

BIRTHPLACE OF MOTHER (State or country): Lancaster Pa.

~~OCCUPATION~~ OF DECEASED: _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Cusick

(Address) 1901. N. Castle

Filed 12/15 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 14 1907 that I last saw h[illegible] alive on Dec 14 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 2 DAYS

Contributory (Primary.) Marasmus

(DURATION) (2) DAYS

(Signed) E. H. Brannon M.D.

Address 2026 E. North Ave

Date Dec 14th 1907

Place of Burial Bell Cemetery

Date Dec 15 1907

Undertaker Robt J Turner

Address 1442 N. Bway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. BC 7341

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Vincent Stasinke

{ Residence, if in Baltimore, Give Street and Number. } ..... Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12. 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1905 to Dec. 12 1907 that I last saw h[im] alive on Dec. 12 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Dec. 13 1907

Place of Burial Sacred Heart

Date 12/15 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 7342

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Vogel.

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 32. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/15 1907 HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1907 to Dec. 13 1907

that I last saw h[illegible] alive on Dec. 12 1907

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 13. 1907

Place of Burial Sacred Heart

Date 12/15 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C7343 6/343 Registered No. B 6/343

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Office~~ 1004 Druid Hill ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Alexander Hazlett

{Residence, if in Baltimore, Give Street and Number.} 1004 Druid Hill Ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: about 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: unknown.

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alexandria Hazlett

(Address) 1007 Shields alley

Filed 12/15 1907

HARRY C. ANDREWS, Deputy
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 14 1907

that I last saw h... alive on Dec 13 1907,

and that death occurred, on the date stated above, at 8:40 a. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma Laryngis.

Contused [illegible]

(DURATION) 45 DAYS

Contributory (Primary.) Head

(DURATION) 45 DAYS

(Signed) E. L. McBernard M.D.

Address 1201 Cathedral

Date Dec 14 1907

Place of Burial National Cem

Date Dec 16 1907

Undertaker John E Haugh Co

Address 1422 Pennsylvania ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

C7344

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Hawkins Kent,

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black -

DATE OF BIRTH: Aug. 30, 1904

AGE: 3 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S -

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Hawkins

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: ~~Mary~~ Susan Kent

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Mildred

(Address) St Elizabeths Home

Filed 12/16" 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 15, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Dec. 14 1907

that I last saw h[illegible] alive on Dec. 14 1907,

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.)

Chronic Nephritis (DURATION) 6 mos. DATE

(Signed) A. L. Gillis M.D.

Address 1519 N. Carolina St.

Date Dec. 15, 1907

Place of Burial Cathedreal Cemetery

Date DEC 16th 1907

Undertaker Felix B Pyle

Address 112 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7345 Registered No. B ... 1220

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustavus Gibson

{Residence, if in Baltimore, Give Street and Number.} 1823 Bolton.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W Colr

DATE OF BIRTH July 20 1876

AGE 31 years, 4 months, 23 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Gustavus Gibson

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Elizabeth Kirwan

BIRTHPLACE OF MOTHER (State or country) Matthews Co Md

OCCUPATION OF DECEASED Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Gibson

(Address) 1823 Bolton St

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 13 1907

that I last saw h-e alive on Dec 13 1907,

and that death occurred, on the date stated above, at 9.25 M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Nephritis

Uraemic Poisoning

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B Burns M.D.

Address 828 N. Carrollton Ave

Date Dec 14 1907

Place of Burial Druid Ridge

Date Dec 16 1907

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 7346 Registered No. B C 7346

CERTIFICATE OF DEATH.

16

(Place of Death.) No. 1419 John St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Garner

{ Residence, if in Baltimore, Give Street and Number. } 1419 John St

Duration of Residence in Baltimore. Six Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dont Know 1

AGE About 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Charles Co Md

FULL NAME OF FATHER Lucy Gorman Dont Know

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Charles Co Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J F Wall

(Address) 1419 John St

Filed 12/16 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14" 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14" 1907 to Dec 14" 1907

that I last saw her alive on Dec 14" 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary oedema

Chronic Nephritis

(DURATION) 2 DAYS

Con'tributory (Primary.) Hemiplegia

(DURATION) 2 DAYS

(Signed) H B Thomas M.D.

Address 1007 Cathedral St

Date Dec 16" 1907

Place of Burial Laurel Cemetery

Date Dec 16 1907

Undertaker J. A. Bishop

Address 1107 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7347 Registered No. B C 7347

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 140 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Brown

{Residence, if in Baltimore, Give Street and Number.} 140 W. Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Afro-Am

DATE OF BIRTH 6/15 1906

AGE ~~Yrs~~, 18 mon[t]s, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Winder Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maggie Pratt

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Winder Brown

(Address) 140 W. Preston St.

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/15 1907.

I HEREBY CERTIFY, That I attended deceased from 12/10 1907 to 12/15 1907 that I last saw h— alive on 12/15 1907 and that death occurred, on the date stated above, at 2 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 12/16 1907.

Place of Burial Mt. Auburn

Date Dec. 17" 1907

Undertaker Alex. Bromley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 10 C 7348

Registered No. B C 7348

64 Y

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Lonigan

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: May 14 th 1834

AGE: 73 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Lonigan

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Margarett Mc Carthy

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 12/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15 th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 22nd 190 to 190

that I last saw him alive on Dec 13 1907

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Hernia

(DURATION) DAYS

Contributory (Primary) Apoplexy

(DURATION) DAYS

(Signed) F. D. Warner M.D.

Address 1133 Valley st

Date Dec 15 1907

Place of Burial Cathedral Cemetery

Date Dec 17 1907

Undertaker H. C. Brammer

Address 131 S. Appleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 7349 Registered No. B 7349

CERTIFICATE OF DEATH.

(Place of Death.) No. 3. N. Schroeder St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Lawson

{Residence, if in Baltimore, Give Street and Number.} 3. N. Schroeder St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 12th 1860

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Denmark

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) Denmark

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Denmark

OCCUPATION OF DECEASED Oyster Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Lawson

(Address) 3. N. Schroeder St

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14th 1907

I HEREBY CERTIFY, That I attended deceased from December 7th 1907 to December 14th 1907

that I last saw him alive on Dec 7th 1907,

and that death occurred, on the date stated above, at 7 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) DAYS

(Signed) P S Field M.D.

Address 205 N Fulton Ave

Date December 15th 1907

Place of Burial Mt. Carmel Cemetery

Date Dec 17th 1907

Undertaker H. L. Breessing

Address 5. S. Appleton St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 7350 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 614. N. Duncan alley

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Mabel Williams

{ Residence, if in Baltimore, Give Street and Number. } 214. N. Duncan Alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~

COLOR: Colored

DATE OF BIRTH: July 8 1893

AGE: 14 years, 5 months — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Williams

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Katharine Scott

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Williams

(Address) 214 Duncan alley

Filed 12/16 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1907 to Dec 14 1907 that I last saw h[illegible] alive on Dec 7 1907, and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 16 DAYS

Contributory (Primary) Respiratory failure

(DURATION) 1[illegible] DAYS

(Signed) John Davis M.D.

Address 2102 Orleans st

Date December 14 1907

Place of Burial Laurel Cemetery

Date Dec 16 1907

Undertaker Charles H Burkett

Address 502 Bloom 20

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 7351 Registered No. B C 7351

C 7351

CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Bauer

{Residence, if in Baltimore, Give Street and Number.} 1707 N. Washington st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 30 1846

AGE: 61 years, — months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael Bauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Hebert

(Address) 1707 Washington

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 13 — 1907

I HEREBY CERTIFY, That I attended deceased from May 15 — 1907 to Dec. 13 — 1907

that I last saw h.. in alive on Dec. 13 — 1907

and that death occurred, on the date stated above, at 10.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular heart disease,

Mitral

About 2 years (DURATION) DAYS

Contributory (Primary) ——— (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date Decem. 14 — 1907

Place of Burial Bald Friar

Date Dec 16 1907

Undertaker Robt Kemp

Address 1542 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 7352 Registered No. B C 7352

CERTIFICATE OF DEATH.

(Place of Death.) No. 1806 Hennemann ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia D Clark

{ Residence, if in Baltimore, Give Street and Number. } 1806 Hennemann ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 12 1883

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER A Diegel

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER K. Hesszler

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant A Diegel

(Address 1806 Hennemann ave

Filed 12/16 1907

HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Dec 14 1907 that I last saw h[illegible] alive on Dec 14 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 34 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 8 DAYS

(Signed) Adolph C. Elsner M.D.

Address 2213 Orleans St

Date Dec 15 1907

Place of Burial Eastern Cemetery

Date Dec 17 1907

Undertaker Robt L Lennon

Address 1442 N Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 7353 Registered No. B ... 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Hoff

{ Residence, if in Baltimore, Give Street and Number. } Bay View (160 E Clement St.)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH 1824

AGE 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md An A Co.

FULL NAME OF FATHER William Burnett

BIRTHPLACE OF FATHER (State or country) A.A.C. Md

MAIDEN NAME OF MOTHER Sarah Brown

BIRTHPLACE OF MOTHER (State or country) A.A Co Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 12/16 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1907 to Dec. 13 1907 that I last saw h... alive on Dec. 13 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Dec. 14 1907

Place of Burial Cedar Hill

Date Dec 16 1907

Undertaker Jos. Stinchcomb

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7354

City of Baltimore, (No. 2111, Cromwell St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry L. Curry

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W

DATE OF BIRTH: May 7th 1875 (Month) (Day) (Year)

AGE: 32 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Harry Curry

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Butter Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie E Curry

(Address) 2111 Cromwell St

Filed 12/16 1907

HARRY C. ANDREWS, PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1906 to Dec 14 1907 that I last saw h m alive on Dec 13 1907, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 years

Contributory Asthenia

(DURATION) 15 DAYS

(Signed) J. J. Jean M. D.

12/17 1907 (Address) 1810 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: 12/16 1907

UNDERTAKER: J Henry Jones

ADDRESS: 2088 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7355 Registered No. B C 7355

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1513 Aisquith St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Martha Petersam

{Residence, if in Baltimore, Give Street and Number.} 1513 Aisquith

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 18th 1884

AGE: 23 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Caspar Petersam

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Ehrhardt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Petersam

(Address) 1513 Aisquith St.

Filed 12/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1907 to Dec 13th 1907

that I last saw h[illegible] alive on Dec 13th 1907

and that death occurred, on the date stated above, at 7.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulm Tuberculosis

(DURATION) 2 Years

Contributory (Primary.)

(DURATION) DAYS

(Signed) C O Sloneker M.D.

Address

Date Dec 14th 1907

Place of Burial Western Cem

Date 12/16/07 1907

Undertaker J. Henry Sons

Address 2008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C7356 C 7356 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 Forrest St. (West End) (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary B. Wolf

{ Residence, if in Baltimore, Give Street and Number. } 418 Forrest St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 10 1880

AGE: 27 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Herman E. Wolf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Reese

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hair finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Wolf

(Address) 418 Forrest St

Filed 12/16 1907 HARRY C. ARNOLD PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7. 1907 to Dec 12 1907

that I last saw her alive on Dec 12 1907

and that death occurred, on the date stated above, at 2a

M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Heart

(DURATION) 1/ DAYS

Con'ributory (Primary) Anthrax

(DURATION) 5 DAYS

(Signed) J. P. Wilson M.D.

Address 1735 Hollins St

Date Dec 13. 1907

Place of Burial Loudon Park

Date Dec 16 1907.

Undertaker Mrs Geo. P. Paules

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7357

City of Baltimore, (No. 823, Stockholm St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lottie Harris.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Bl.

DATE OF BIRTH: Unknown — 1 (Month) (Day) Year)

AGE: About 55 yrs. ..... years, ... months, ... days

~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Ben Handley.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Handley

(Address) 419 W Barre St.

Filed 12/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Dec 14 1907 that I last saw her alive on Dec 14 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Pneumonia Lobular

Pneumonia Hypostatic.

..... (DURATION) ..... DAYS

Contributory Heart Failure.

..... (DURATION) ..... DAYS

(Signed) B. T. Tench M. D.

Dec 14 1907 (Address) 1514 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 16 1907
UNDERTAKER	ADDRESS
Jos H Trader	42 Hubbard St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 7358 Registered No. B C 7358

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Morgan

{Residence, if in Baltimore, Give Street and Number.} St Vincent. Inf Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: Oct 31 1907	
AGE: ..... years, 1 month, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin. Inf Asylum.

(Address)

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 31 1907 to Dec 14 1907 that I last saw her alive on Dec 12 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 Cathedral

Date 12 14 1907

Place of Burial New Cathedral

Date December 16 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7359 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Mary's Indus Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Conner

{Residence, if in Baltimore, Give Street and Number.} St Mary's Ind Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Oct 28 1907

AGE ..... years, 1 month, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincent Supr. Asylum.

(Address)

Filed 12/16 1907 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Dec 14 1907

that I last saw h[illegible] alive on Dec 13 1907

and that death occurred, on the date stated above, at 8

H. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E J G Kenny M.D.

Address 830 N Caroline

Date 12-14 1907

Place of Burial New Cathedral

Date December 16 1907

Undertaker Martin Fahey & Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7360 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. Ste St. Vincent Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Nunn

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR N

DATE OF BIRTH Nov 7 1907

AGE ..... years, 1 month 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin. Inf. Asylum

(Address)

Filed 12/16 1907

HENRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC. 14, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8 1907 to DEC 14 1907

that I last saw him alive on Dec 3 1907,

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E 76 Hayward M.D.

Address 1230 N Calhoun

Date 12-14- 1907

Place of Burial New Cathedral

Date December 16 1907

Undertaker Martin F. Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 7361 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred Collector

{Residence, if in Baltimore, Give Street and Number.} Carroll Co Md

Duration of Residence in Baltimore. 2yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Iowa Annis Co.

FULL NAME OF FATHER Benj Collector

BIRTHPLACE OF FATHER (State or country) Iowa Ann Co.

MAIDEN NAME OF MOTHER Joanna Collector

BIRTHPLACE OF MOTHER (State or country) Iowa Ann Co.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Bryles

(Address) Md Penitentiary

Filed 12/16 1907.

HARRY C. ARGUES, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Dec 11 1907

that I last saw h[illegible] alive on Dec 11 1907

and that death occurred, on the date stated above, at 1 34 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

3 days. (DURATION) DAYS

Contributory (Primary) [illegible]

(DURATION) DAYS

(Signed) Theodore Marks M.D.

Address 1808 N. Charles St.

Date Dec 11 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 13 1907 1907

Undertaker [illegible]

Address [illegible]

Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner in case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person having charge of the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (single) of the person deceased, and the ***cause and date of death.***

271

Ward 12 C 7362 Registered No. B C 7362

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 Hanover St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Leonard H. Filbert

{ Residence, if in Baltimore, Give Street and Number. } 1307 Hanover St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH Nov 10 1907

AGE — years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Gaetano H. Filbert

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Carrie E. Disney

BIRTHPLACE OF MOTHER (State or country) Kent Co. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gaetano H. Filbert

(Address) 1307 Hanover St.

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 15 1907 that I last saw h in alive on Dec 15 1907 and that death occurred, on the date stated above, at 7 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1/2 hour DAYS

Contributory (Primary.) Lachrymal abscess

(DURATION) DAYS

(Signed) Robt. G. Schmidt M.D.

Address 1318 St Charles St.

Date 1907

Place of Burial Loudon Park Cem.

Date Dec 17th 1907

Undertaker C. Schaloman & Son

Address 1009 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C 7363 — Registered No. B C 7363

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Lewis

{ Residence, if in Baltimore, Give Street and Number. } Frederick Co.

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR mulatto

DATE OF BIRTH 1

AGE 40 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Frederick Co. Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thos. J. Tyler

(Address) Md. Penitentiary

Filed 12/10 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1904 to Dec 12 1907

that I last saw h alive on Dec 12 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lung

1 month (DURATION) DAYS

Contributory (Primary.) Mitral Regurg

5 yrs (DURATION) DAYS

(Signed) Thos. J. Taylor M.D.

Address 1808 N. Chas. St.

Date Dec 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 13 1907 1907

Undertaker Per. Wm. E. WOODALL. Commissioner Health,

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27 2

Ward 17 C 7364 Registered No. B

CERTIFICATE OF DEATH.

17th

(Place of Death.) No. Fast of Long Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} Not Known

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE about 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Not Known

BIRTHPLACE (State or country) " " " "

FULL NAME OF FATHER " " " "

BIRTHPLACE OF FATHER (State or country) " " " "

MAIDEN NAME OF MOTHER " " " "

BIRTHPLACE OF MOTHER (State or country) " " " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. D. Hayden

(Address) 1216 N. Caroline at.

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Fast Dec. 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1907 to Dec. 11 1907

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Accidentally Drowned

(DURATION) ✓ DAYS

Contributory (Primary.) ✓

(DURATION) ✓ DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline at

Date Dec. 16. 1907.

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 13 1907 190

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person **cause and date of death.**

Ward 10 C 7365 Registered No. B

CERTIFICATE OF DEATH. 21 V

(Place of Death.) No. 913 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Mortimer Young.

{ Residence, if in Baltimore, Give Street and Number. } 913 N. Fulton Ave.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W.

DATE OF BIRTH ~~Oct~~ Sept. 16 1861

AGE 46 years, 2 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Richmond Va.

FULL NAME OF FATHER Mortimer Miller Young.

BIRTHPLACE OF FATHER (State or country) Richmond Va

MAIDEN NAME OF MOTHER Nannie Rachael Keech

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Boot Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. M. Robertson

(Address) 913 N. Fulton Ave.

Filed 12/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Dec 13 1907 that I last saw him alive on Dec 13 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

4 Yrs. (DURATION) DAYS

Contributory (Primary.) Sarcoma, (DURATION) DAYS

(Signed) Eobini Murray M.D.

Address 1221 W. Lafayette Ave

Date Dec 13 1907

Place of Burial Druid Ridge Cemetery

Date Dec 16 1907

Undertaker Wm. J. Tellgner & Sons

Address Camden Park-st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7366 Registered No. B

C7366

CERTIFICATE OF DEATH.

159 V

(Place of Death.) No. ~~Unknown~~ 1427 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} Non-resident

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not Known

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. S. Hayden

(Address) 1216 N. Caroline st

Filed 12/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 1907

that I last saw h ~ alive on ~ 190 ~,

and that death occurred, on the date stated above, at ~ M. CAUSE OF DEATH (Secondary or Immediate)

Suicide —

Bichl. chloride poisoning

(DURATION) ~ DAYS

Contributory (Primary.) ~

(DURATION) ~ DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St

Date Dec 13 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 13 1907 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

256

Morgue

Ward 17 C 7367 Registered No. B C 7367

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Watson St (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Elnora Joynes

{Residence, if in Baltimore, Give Street and Number.} 1110 Watson St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Isaac Joynes.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Minty Seymour

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Joynes

(Address) 1110 Watson St.

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12th 1907

I HEREBY CERTIFY, That I attended deceased from

19o to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Phthisis

(DURATION) DAY

Con'ributory (Primary.)

(DURATION) DAY

(Signed) Thomas Sudlow Cumm M.D.

Address 320 ½ Saunders St.

Date 190

Place of Burial Orangock Va Daughtery

Date Dec. 16 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7368 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1927 Wilhelm St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Grant Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1927 Wilhelm St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov 12th 1897

AGE 10 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edw D Hoffman

BIRTHPLACE OF FATHER (State or country) Towson

MAIDEN NAME OF MOTHER Annie Virginia Miller

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw D. Hoffman

(Address) 1927 Wilhelm

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1907 to Dec 13 1907 that I last saw h[illegible] alive on Dec 13 1907, and that death occurred, on the date stated above, at 9.25 A. M. CAUSE OF DEATH (Secondary or Immediate

Fall resulting in Meningitis, Cerebral

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Bamm M.D.

Address 2017 Hilkeny Ave

Date Dec 14th 1907

Place of Burial Mount Olivet

Date Dec 16th 1907

Undertaker H S Frink

Address 2113 N Pratt St

WM. J. C. DULANY CO., Baltimore

O.K. - Full Price Clarkenthal Deputy Coroner

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 7369

C 7369

CERTIFICATE OF DEATH.

(Place of Death.) No. 149 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. E. Trangle

{ Residence, if in Baltimore, Give Street and Number. } 149 Falls Road

Duration of Residence in Baltimore. 6 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	43 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	B. M. Trangle
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Trangle

(Address) 49 Falls Road

Filed 12/16 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 12th 1907 to Dec. 14th 1907

that I last saw him alive on Dec 14th 1907

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

C. Hamilton

Pneumonia (DURATION) three hrs DAYS

Contributory (Primary.) Tuberculosis (DURATION) 14 years DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St.

Date December 14th 1907

Place of Burial St. Vincents

Date Dec 16 1907

Undertaker W. J. Marshall

Address 3539 Falls Road

Patient was recommended to be taken to hospital but before he was ready, he died and I think it was not necessary to make a report.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C.7370 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Comet St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Smith

{Residence, if in Baltimore, Give Street and Number.} 1123 Comet St

Duration of Residence in Baltimore 58 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) — -

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Smith.

(Address) 1123 Comet St.

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14th 1907

I HEREBY CERTIFY, That I attended deceased from 7th Nov 1907 to 14th Dec 1907 that I last saw him alive on 6 Dec 1907, and that death occurred, on the date stated above, at 7.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia

(DURATION) DAYS

Contributory (Primary) Bronchitis

Pneumonia (DURATION) 40 DAYS

(Signed) Geo Reynolds M.D.

Address 809 N Charles St

Date Dec 14th 1907

Place of Burial Cathedral

Date Dec 17/1907 190

Undertaker Wm Cook

Address 502 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C 7371 — Registered No. BC C 7371

CERTIFICATE OF DEATH.

(Place of Death.) No. 1902 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 179

Full Name Michalina Kachmarowska

{Residence, if in Baltimore, Give Street and Number.} 1902 Aliceanna St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know.

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Birthplace Germany

(Informant) Joseph Kachmowski.

(Address) 1902 Aliceanna St

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Cramm M.D.

Address 320 ½ Gaune St

Date Dec 15 1907

Place of Burial St Stanislaus.

Date Tuesday Dec 17 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B C 7372

C 7372

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Finnerty

{Residence, if in Baltimore, Give Street and Number.} 1779 Hanover St.

Duration of Residence in Baltimore. L —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Cab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Finnerty

Address 1721 ~~Hanover St.~~

Filed 12/16 1907

HARRY C. ARDINGER Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 13 1907

that I last saw him alive on Dec 13 1907,

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia due to Nephritis.

(DURATION) — DAYS

Contributory (Primary) Epilepsy.

(DURATION) DAYS

(Signed) H. R. Baker M.D.

Address Balto City Hospl

Date Dec 14 1907

Place of Burial Cathedral Cem ✓

Date Dec 17. 1907.

Undertaker Dorsey and McGlynn

Address 42 E. Week St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 C 7373 Registered No. B

CERTIFICATE OF DEATH.

108 V

(Place of Death.) No. 2716 Fairmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie C. Brunner

{Residence, if in Baltimore, Give Street and Number.} 2716 Fairmount ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Feb. 26 1867

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John C. Sommer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary B. Wirt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Henry Brunner

Address 2716 Fairmount ave.

Filed 12/16 1907 HARRY C. ARDINGER, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 14 1907 that I last saw h-e alive on 11 13 1907, and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis +
Obstructed bowels

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 456 Milton ave

Date Dec. 14 1907

Place of Burial Woods Redeemer

Date Dec. '17 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7374 Registered No. B C 7374

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 N Bradford St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Reifa Smith

{ Residence, if in Baltimore, Give Street and Number. } 620 N Bradford St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Smith

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Florance Baker

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Smith

(Address) 620 N Bradford St

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 13 1907

that I last saw h alive on Dec 13 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-Pneumonia

(DURATION) 5 DAYS

Con'ributory (Primary.) Ex Cancer

(DURATION) 1 DAYs

(Signed) Adolph C Eisenberg M.D.

Address 221 S Orleans St

Date Dec 13 1907

Place of Burial Edgewood Cemetery

Date Dec 16 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7375 Registered No. B C 7375

CERTIFICATE OF DEATH.

1191

(Place of Death.) No. 1712 Aisquith St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William Wosch

{Residence, if in Baltimore, Give Street and Number.} 1712 Aisquith St.

Duration of Residence in Baltimore Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1859

AGE 49 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward Wosch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna Kiervitz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1712 Aisquith St.

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1907 to Dec 14th 1907 that I last saw h~~im~~ alive on Dec 14 1907, and that death occurred, on the date stated above, at 12 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Subacute Nephritis

(DURATION) 4 Months

Contributory (Primary) General Anasarca (DURATION) 2½ Weeks

(Signed) J. D. Saunders M.D.

Address 219 E Preston

Date Dec 15 1907

Place of Burial London Park Cemetery

Date December 17" 1907

Undertaker Evans & Spence

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7376 C 7376 Registered No. B 1771

CERTIFICATE OF DEATH.

(Place of Death.) No. — Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Thomas Taylor

{ Residence, if in Baltimore, Give Street and Number. } 886 Robey St

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Houndon

(Address) BAY VIEW ASYLUM Balto.

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to Dec. 16 1907 that I last saw h im alive on Dec. 15 1907, and that death occurred, on the date stated above, at 5:25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

(DURATION) DAYS

Contributory (Primary.) Debility

(DURATION) DAYS

(Signed) Robt S. Bay M.D.

Address Bay View

Date Dec. 16 - 1907

Place of Burial Bonnie Brae

Date Dec 17 1907

Undertaker J. H. Burns - Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7377

City of Baltimore, (No. 2656 York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac C. Peregoy

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mulatto

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Busick

(Address) 608 Garrett av

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 16 1907 that I last saw h im alive on Dec 15 1907, and that death occurred, on the date stated above, at 5.6e a. m. The CAUSE OF DEATH was as follows:

Bright's Disease

(DURATION) 3 DAYS

Contributory

(DURATION) 3 DAYS

(Signed) Chas E Gaultine M. D.

Dec 16 1907 (Address) 601 Eutaw av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Dec 18 1907

UNDERTAKER Wm Cook | ADDRESS 502 E Fayette

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

FILM

Ward 0 C 7378 C 7378 Registered No. B 931

CERTIFICATE OF DEATH.

(Place of Death.) No. 1828 E Chase st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Bishop

{Residence, if in Baltimore, Give Street and Number.} 1828 E Chase st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 15, 1840

AGE 67 years, 9 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John McCallister

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Christianna Anderson

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elijah Bishop

(Address) 1828 E Chase st

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1907 to Dec 15 1907 that I last saw her alive on Dec 14 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.) Lung Cold (DURATION) 18 DAYS

(Signed) E. C. Peterson M.D.

Address 1103 N Eden St

Date Dec 16 1907

Place of Burial Glendy Cemetery

Date December 16th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFET

Ward 7 C 7379 Registered No. B C 7379

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 637 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry A. Scherger

{ Residence, if in Baltimore, Give Street and Number. } 637 W Pratt St

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 14th 1836

AGE 70 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Scherger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Hunn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Caroline Scherger

(Address) 637 W Pratt St

Filed 12/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 15 1907 that I last saw h[illegible] alive on Dec 14 1907, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Boyd M.D.

Address 602 Columbia

Date Dec 15 1907

Place of Burial Western Cemetery

Date Dec 17th 1907

Undertaker Geo Leuirbach & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7380 Registered No. B C 7380

CERTIFICATE OF DEATH.

8/V

(Place of Death.) No. 515 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Campbell Costello

{ Residence, if in Baltimore, Give Street and Number. } 515 N Washington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: May 1832

AGE: 75 Years

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Neal Campbell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Campbell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Costello

(Address) 515 N Washington St

Filed 12/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Dec 16th 1907

that I last saw h m alive on Dec 14 1907,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Arterial Sclerosis

(DURATION) 3 Years

Contributory (Primary.)

(DURATION) DAYS

(Signed) Evan O Andrews M.D.

Address 2 of Cumberland

Date Dec 16th 1907

Place of Burial New Cathedral

Date Dec 17 1907

Undertaker W. F. Sebastian

Address 8 O Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7381 Registered No. B C 7381

931

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 Harford ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Rigney.

{Residence, if in Baltimore, Give Street and Number.} 719 Harford ave.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH June 1883

AGE 23 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Thomas Scannell

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rose Lemont

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barney J. Rigney

(Address) 719 Harford Ave

Filed 12/16/07 HARRY C. ANDRAE, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 - 14 1907

I HEREBY CERTIFY, That I attended deceased from 11-19- 1907 to 12- 13 1907

that I last saw her alive on 12- 13 1907

and that death occurred, on the date stated above, at 5- a. m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

(DURATION) 24 DAYS

Contributory (Primary.) Heart failure

(DURATION) 7 DAYS

(Signed) S. Drnarco - M.D.

Address 1604 Linden Ave

Date 12 - 15 - 1907

Place of Burial Cathedral Cemetery.

Date Dec 17 1907.

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 7382

City of Baltimore, (No. 1406 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph A. Schaab

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 24 (Day) 1852 (Year)

AGE: 55 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jno. Joseph Schaab

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Albert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jno. A. Schaab

(Address) 1406 Madison Ave

Filed 12/16 1907

HARRY C. ANDRAE, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 190 to Dec 17 1907

that I last saw him alive on Dec 17 1907,

and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis (DURATION) 2 yrs

Contributory Cirrhosis of Liver (DURATION) DAYS

(Signed) M. Finnerty M.D.

DEC 18 1907 (Address) 101 N. FULTON AVENUE

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 12/17 1907

UNDERTAKER: Crowley Bros

ADDRESS: 257 N. Fulton

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 7383 Registered No. B C 7383

CERTIFICATE OF DEATH.

(Place of Death.) No. 842 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F Bell

{ Residence, if in Baltimore. Give Street and Number. } 842 Edmondson Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH January 19th 1829

AGE 78 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Bell

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Johns

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Bell

(Address) 842 Edmondson Ave

Filed 12/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Dec 14th 1907

that I last saw him alive on Dec 14th 1907,

and that death occurred, on the date stated above, at 0.50 P.M., CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

about 3 Years (DURATION) DAYS

Contributory (Primary.) Uraemia

Convulsions (DURATION) 14 DAYS

(Signed) James E Welling M.D.

Address 871 Hartenbach

Date December 15th 1907

Place of Burial London Park

Date Dec 17th 1907

Undertaker M Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

27V

City of Baltimore, (No. 2658, Florence St.; Ward) Registered No. B C 7384

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Fuller.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) (Day) 1852 (Year)

AGE: 55 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): County Cary Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): County Cary Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): County Cary Ireland

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Fuller

(Address) 2658 Florence St

Filed 12/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 15th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1907 to Dec 14th 1907

that I last saw her alive on Dec 14th 1907,

and that death occurred, on the date stated above, at 3 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 months.

(DURATION)

Contributory Exhaustion & inability to take nourishment (DURATION) 5 DAYS

(Signed) William Sullivan M. D.

12/16 1907 (Address) 1701 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 17th 1907

UNDERTAKER: M Fahey & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 V C 7385 Registered No. B C 7385

CERTIFICATE OF DEATH.

931 V

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph A. Hill

{Residence, if in Baltimore, Give Street and Number.} 2545 Oak St

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: William A Hill

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ellen Slaver

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Hill

(Address) 2811 Pennsylvania Ave

Filed 12/17 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 17 1907

that I last saw him alive on Dec 16 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Pneumonia

(DURATION) 13 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Hawkins M.D.

Address 1202 Druid Hill Ave

Date Dec 17 1907

Place of Burial Laurel Md

Date Dec 18 1907

Undertaker C. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7386 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Luke's Hospital 114-618 N. 18th ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Williana O'Neil

{ Residence, if in Baltimore, Give Street and Number. } 1207 John St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1849

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: William O'Neil

BIRTHPLACE OF FATHER (State or country): Balt. Md.

MAIDEN NAME OF MOTHER: Mrs. Keziah Swiggs

BIRTHPLACE OF MOTHER (State or country): Balt. Md.

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Timothy Stone

(Address) 814 Park Ave. Balt.

Filed 2/17 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Dec 15 1907 that I last saw her alive on Dec 15 1907, and that death occurred, on the date stated above, at 1.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Intestinal trouble

Duration

Last attack

Nov 17 (DURATION) Dec 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Gamble M.D.
Supt St Lukes Hospital

Address 116 W. Mt. Ave

Date Dec 15 1907

Place of Burial Loudon Park

Date Dec 17 1907

Undertaker E. Madison Mitchell

Address 1201 W. Fayette st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7387 Registered No. B C 7387

CERTIFICATE OF DEATH.

(Place of Death.) No. 1927 E Monument St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline H. Ochse

{Residence, if in Baltimore, Give Street and Number.} 1927 E Monument St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 14th 1870

AGE: 38 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry A. Ochse

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Barbara Eberle

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Tailoress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lewis

(Address) 1918 E Monument St.

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Dec 13 1907 that I last saw h-- alive on Dec 11 1907, and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate) Enteritis + Cardiac Dis.-Coll

2 Wks (DURATION) DAYS

Contributory (Primary.) Thrombosis

1 Yr (DURATION) DAYS

(Signed) Jno E Moore M.D.

Address 125 St Paul

Date Dec 13/07 1907

Place of Burial Mt. Carmel Cem.

Date Dec 17 1907

Undertaker H. Saudy Brown

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7388

City of Baltimore, (No. 1007, Clifton Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Patrick Johnston

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Dec. (Month) 14 (Day) 1907 (Year)

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 1007 Clifton Place Baltimore

FULL NAME OF FATHER: Frank Johnston

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Marcella Byrnes

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Johnston

(Address) 1007 Clifton Place

Filed 12/17 1907

HARRY C. ARDUSS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 16 1907 that I last saw h[im] alive on Dec 15 1907, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Congestion of Lungs,

(DURATION) 1 DAYS

Contributory Convulsions

(DURATION) ..... DAYS

(Signed) M. E. Douglass M. D.

Dec. 16 1907 (Address) 5 N. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec 18 1907

UNDERTAKER: Lowe Cook

ADDRESS: 460 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7389 Registered No. B 1

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 120 E Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R Cockmore

{ Residence, if in Baltimore, Give Street and Number. } 120 E. Hill St

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 15 1843.

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Charles Co Md.

FULL NAME OF FATHER Wm Lovelace

BIRTHPLACE OF FATHER (State or country) Charles Co Md.

MAIDEN NAME OF MOTHER Lucinda Murray

BIRTHPLACE OF MOTHER (State or country) Charles Co Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Bromwell daughter

(Address) 120 E. Hill St

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 15 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

..... (DURATION) ..... DAYS

Con'ributory (Primary) Pneumonia

..... (DURATION) ..... DAYS

(Signed) Geo McKenrad M.D.

Address Govanstown

Date Dec 16, 1907

Place of Burial Cedar Hill

Date Dec 18 1907

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C7390 Registered No. B 7390

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 413 W. Hamburg St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dupont Minnie Lee Scott

{Residence, if in Baltimore, Give Street and Number.} 413 W. Hamburg St.

Duration of Residence in Baltimore. 24 hrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Dec 15 Th. 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Dupont

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Andrew Bell

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Minnie Lee Scott

BIRTHPLACE OF MOTHER (State or country) Charlestown W. Va.

OCCUPATION OF DECEASED Dupont

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) X (Signed by mark) Mattie Hicks

(Address) 413 Hamburg St

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 Th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 16 1907

that I last saw him alive on Dec 15 1907

and that death occurred, on the date stated above, at 12 midnight

CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

(DURATION) 1 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Hartung M.D.

Address 622 W Lombard St

Date Dec 16 Th 1907

Place of Burial Mt Auburn

Date Dec 17 1907

Undertaker Jno. A. Tendel

Address 1142 w Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7391 Registered No. D 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 Andre St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen Rachel Morris

{ Residence, if in Baltimore, Give Street and Number. } 1419 Andre St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 21st 1907

AGE ..... years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Rufus Morris

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Concha Walder

BIRTHPLACE OF MOTHER (State or country) Havana Cuba

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rufus H Morris

(Address) 1419 Andre St

Filed 12/17 1907 HARRY C. ARDREYS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12th 1907 to Dec 14th 1907

that I last saw h[illegible] alive on Dec 14th 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Acute Bronchitis.

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Edward E. Lawkus M.D.

Address 1946 Linden Ave

Date Dec 16th 1907

Place of Burial Holy Cross A.A. Cem.

Date Dec 19th 1907

Undertaker Jas. Stentebeck

Address 1318 2. Sht St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7392 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1139 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Ella C. Wilson

{Residence, if in Baltimore, Give Street and Number.} 1139 Mc Elderry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Solar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wilson

(Address) 1139 Mc Elderry St

Filed 12/17/1907 MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Dec 15 1907 that I last saw h wife alive on Dec 13 1907, and that death occurred, on the date stated above, at 1 9 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis

(DURATION) 6 Mos

Con'tributory (Primary) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M.D.

Address 2001 Eutaw Pl

Date Dec. 16, 1907

Place of Burial Laurel Cemetery

Date Dec 18 1907

Undertaker E R Sc [illegible]

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7393 Registered No. B

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Johns Hopkins Hospital, Rutland St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Konrad Euler (Euler)

{Residence, if in Baltimore, Give Street and Number.} 2019 E. Lombard St city.

Duration of Residence in Baltimore. 49 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Oct 21 1839

AGE: 68 years, 1 months, 23 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Bridge Builder.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louisa Grinath

(Address) Mrs 2019 E. Lombard

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29th 1907 to Dec 14th 1907; that I last saw h[illegible] alive on Dec 14th 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

Acute Bronchitis

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hosp.

Date Dec. 14 1907. 190

Place of Burial London Park Cem

Date Dec. 17 1907

Undertaker R. Snyder Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7394 Registered No. B 114 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Hillen St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Mc Bride

{Residence, if in Baltimore, Give Street and Number.} 1003 Hillen St.

Duration of Residence in Baltimore. about 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

aged 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Michael Kane

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Delia Meyers

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Kane

(Address) 1003 Hillen St.

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15- 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 25 1907 to Dec 15- 1907

that I last saw her alive on Dec. 15- 1907;

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Interstitial Hepatitis (DURATION) 40 DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Carlin st

Date Dec. 16. 1907

Place of Burial Holy Cross Cemetery

Date Dec. 18 1907

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7395 Registered No. B C 7395

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Joseph Gumbert

{Residence, if in Baltimore, Give Street and Number.} 920 W. Baltimore St.

Duration of Residence in Baltimore. 51 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Gumbert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Barbara Gumbert

(Address) 920 W. Baltimore St.

Filed 12/17 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30th 1907 to Dec 16th 1907

that I last saw him alive on Dec 15th 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cystitis

(DURATION) 16 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) C. M. C. Carter M.D.

Address 1051 Aisquith St

Date Dec 16th 1907

Place of Burial Holy Redeemer Cemetery

Date Dec. 19 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH. C 7396

(Place of Death.) No. 1037 Somerset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Heilman

{ Residence, if in Baltimore, Give Street and Number. } 1037 Somerset St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 5 1900

AGE 7 years, 1 months, 11 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry Heilman

BIRTHPLACE OF FATHER (State or country) Pittsburg Pa.

MAIDEN NAME OF MOTHER Anna J Bailey

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Heilman

(Address) 1037 Somerset St.

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1907 to Dec 16th 1907 that I last saw h living on Dec 15th 1907, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Ventricular Heart

(DURATION) one week

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1504 Eager

Date Dec 16th 1907

Place of Burial Holy Redeemer Cemetery

Date Dec. 18 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C 7397

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 - E 21½ St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Morris

{ Residence, if in Baltimore, Give Street and Number. } 415 E. 21½ St.

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH ..... 1 .....

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Henry Morris

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margt Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Ford

(Address 403 Stockton

Filed 12/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on Dec 10 1907

and that death occurred, on the date stated above, at 7.15 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Pistol Shot, penetrating heart, fired by Chas H. Cole, Murder (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Claudia Smithgall M.D.
Coroner

Address 1819 N. Chas St

Date Dec 16 1907

Place of Burial Laurel Cemetery

Date Dec 18th 1907

Undertaker Johanna Coughlin

Address 324 N Caroy St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B C7398 — 6

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Garner

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: June 4, 1904

AGE: 3 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred per Felix B Pye

(Address) St Elizabeths Home

Filed 12/17/1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 15, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 4 1907 to Dec. 15 1907

that I last saw him alive on Dec. 15 1907,

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.)

Measles — (DURATION) 11 DAYS

(Signed) A. C. Willis M.D.

Address 1519 N. Caroline St.

Date Dec. 16, 1907

Place of Burial Cathedral Cemetery

Date Dec. 17 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C7399 Registered No. B 62

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura White

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Oct. 1903

AGE: 4 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S—

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred Per Felix B Pye

(Address) St Elizabeths Home

Filed 12/17 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1907 to Dec. 16 1907 that I last saw her alive on Dec. 15 1907, and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Measles (DURATION) 20 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Dec. 16, 1907

Place of Burial Cathedral Cemetery

Date Dec. 17 1907

Undertaker Felix B Pye

Address 122 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 7400 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eddie Bentley

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black -

DATE OF BIRTH July 1, 1905

AGE 2 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S -

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown -

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred Per Felix B Pye

(Address) St Elizabeths Home

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1907 to Dec. 16 1907 that I last saw h alive on Dec. 15 1907, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 10 DAYS

Contributory (Primary.)

Measles (DURATION) 21 DAYS

(Signed) A C Willis M.D.

Address 1519 N. Carolina St.

Date Dec. 16, 1907

Place of Burial Cathedral Cemetery

Date Dec. 17 1907

Undertaker Felix B. Pye

Address 112 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7401 Registered No. B

C 7401

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Washington Higgins

{ Residence, if in Baltimore, Give Street and Number. } 20 S. Marine Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seaman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Buckhalter

(Address) U. S. Marine Hospital.

Filed 12/17 1907. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1907 to Dec 15 1907 that I last saw him alive on Dec 15 1907 and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease - Chronic nephritis

Many years (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno T. Buckhalter M.D.

Address U. S. Marine Hospital

Date Dec. 16 1907

Place of Burial Methodist Cemetery

Date December 17th 1907

Undertaker Harry E. Hughes

Address 17 South Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7402 Registered No. B ..... C 7402

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Short

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1907 to Dec. 16 1907 that I last saw him alive on Dec. 16 1907, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Dec 16 1907

Place of Burial Sacred Heart.

Date 12/17 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7403 Registered No. B .....

1201

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 S. Patterson Park Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Pearl W. Hollingsworth

{Residence, if in Baltimore, Give Street and Number.} 506 S Patterson Park Ave.

Duration of Residence in Baltimore. Twenty days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 10th 1882

AGE: 25 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harry C. Hollingsworth

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Harriet E. Briner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: School teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet C. Hollingsworth

(Address) Trappe Talbot Co. Md.

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 16 1907 that I last saw her alive on Dec. 16 1907, and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (Chronic diffuse). - duration about 7 years.

(DURATION) DAYS

Contributory (Primary.) Suppression of Urine - Uremia - (DURATION) 10 DAYS

(Signed) J. Carroll Lockard M.D.

Address 1631 W. Lafayette Ave

Date Dec. 17 1907.

Place of Burial Trappe Talbot Co Md

Date Dec 17th 1907

Undertaker H. Lauder & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7404 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Krafft.

{ Residence, if in Baltimore, Give Street and Number. } 1623 N. Spring St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 21 1888 ~~1887~~

AGE 19 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph Krafft.

BIRTHPLACE OF FATHER (State or country) York Pa.

MAIDEN NAME OF MOTHER Elizabeth Bohler

BIRTHPLACE OF MOTHER (State or country) York Pa.

OCCUPATION OF DECEASED C.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Krafft.

(Address) 1623 N. Spring St.

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15. 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to December 1907 that I last saw him alive on Dec. 14 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Edema

(DURATION) 5 mos DAYS

Contributory (Primary.) Mitral insufficiency (DURATION) Unknown, 3 years DAYS

(Signed) Geo A. Hartman M.D.

Address 1121 N. Caroline St.

Date Dec. 16. 1907

Place of Burial Holy Redeemer Cemetery

Date Dec. 18 1907

Undertaker Henry Stoeckert Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7405

City of Baltimore, (No. 1307 W. Biddle St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Rohrbach

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. (Month) 27 (Day) 1871 (Year)

AGE: 36 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: J. Geo. Rohrbach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Liz. Kohlight

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Elizabeth Rohrbach

(Address) 10 S. Carrollton Ave

Filed 12/17 190

HARRY C. ANDRESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1907 to Dec. 14 1907

that I last saw him alive on Dec. 14 1907,

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) Geo. Thiele M. D.

Dec 15 1907 (Address) 705 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Dec 17 1907

UNDERTAKER: Geo J Smith — ADDRESS: 600 N. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1234

CERTIFICATE OF DEATH.

Registered No. B C 7406

City of Baltimore, (No. 535 Gold St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Markwalder.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: — (Month) — (Day) 1827 (Year)

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Stone cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Markwalder

(Address) 535 Gold St

Filed 12/17 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 6th, 1907 to Dec. 15th, 1907 that I last saw h i m alive on Dec. 15th, 1907, and that death occurred, on the date stated above, at 7.50 P. M. The CAUSE OF DEATH was as follows:

Anaemia and Senile Cachexia

(DURATION) 7 mos. DAYS

Contributory Cystitis

(DURATION) 30 DAYS

(Signed) Wm. E. Millar M. D.

Dec. 16th, 1907 (Address) 2239 Pennsylvania Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 17 1907

UNDERTAKER: M Fahey & Son — ADDRESS: 606 Lafayette Av

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7407 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 228 E Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L Hudson

{Residence, if in Baltimore, Give Street and Number.} 228 E Montgomery

Duration of Residence in Baltimore. about 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 7 1824

AGE 83 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER William H. Hudson

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Sarah Lewis

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Hudson

(Address) Pier 16 Light St

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Dec 14 1907

that I last saw him alive on Dec 14 1907,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

Indefinite (DURATION) DAYS

(Signed) Harry Gross M.D.

Address 909 Cathedral St

Date Dec 16 1907

Place of Burial LOUDON PARK

Date DEC 17 1907 190

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward ..... Registered No. B 7408

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Handy

{ Residence, if in Baltimore, Give Street and Number. } Blackstone

Duration of Residence in Baltimore. Va

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wm Handy

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 12/17 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 11 1907

that I last saw h.. alive on Dec 11 1907,

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hosp

Date December 16 1907

JOHNS HOPKINS HOSPITAL

Place of Burial

Date DEC 16 1907 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

21

Ward 10 C7409 7405 Registered No. B 791

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Lynch

{Residence, if in Baltimore, Give Street and Number.} 400 E. Monument st.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: — 1

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Morris Lynch

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Callahan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lynch (wife)

(Address) Shoemaker print

Filed 12/17 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1907 to Dec. 15 1907

that I last saw h — alive on — 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation

(DURATION) — DAYS

Contributory (Primary.) Senility

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline st.

Date Dec. 17 1907

Place of Burial Cathedral

Date Dec 18 1907

Undertaker H. C. Windefeld

Address 914 Greenmt ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C7410 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Edith Blair

{ Residence, if in Baltimore, Give Street and Number. } .....

C7410

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colo

DATE OF BIRTH December 12 1907

AGE — years, — months, 1 day

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Edith Blair

BIRTHPLACE OF MOTHER (State or country) Kentucky

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to Dec 13 1907

that I last saw h in alive on Dec 13 1907,

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) 1 DAYS,

Contributory (Primary.) Congenital syphilis.

(DURATION) DAYS

(Signed) Wm O Pandi M.D.

Address Johns Hopkins Hosp.

Date Dec. 13 1907

JOHNS HOPKINS HOSPITAL

Place of Burial DEC 16 1907

Date DEC 16 1907 1907

Undertaker .....

Per WM. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7411 Registered No. B 1917

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs E. Seward

{Residence, if in Baltimore, Give Street and Number.} Ann Arundel Co. Md.

Duration of Residence in Baltimore. 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/17/1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 13th 1907

that I last saw h[illegible] alive on Dec 13th 1907,

and that death occurred, on the date stated above, at 6.50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion.

(DURATION) — DAYS

(Signed) W N Sale M.D.

Address Balto City Hospital

Date Dec 16th 1907

Place of Burial COLLEGE OF P. & S

Date DEC 16 1907 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2/4

Ward 1 C 7412 Registered No. B C7412 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josef. Kotwald

{Residence, if in Baltimore, Give Street and Number.} 915 N. Bradford St.

Duration of Residence in Baltimore. 3 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Kafeto

(Address) 922 N. Bradford St

Filed 12/17 1907 JOHN C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1907 to Dec. 16 1907

that I last saw h[illegible] alive on [illegible] 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Cord. of Thrombus (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2001 Ashland Ave

Date 12-16-07, 1907

Place of Burial Oakhill

Date Dec. 18 1907

Undertaker Frank Brach

Address 1914 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C7413

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 239. N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel Hicks

{Residence, if in Baltimore, Give Street and Number.} 239. N. Arlington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: Charles Hicks

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Sadie Howes

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Hicks

(Address) 239 arlington ave

Filed 12/17 1907

JOHN C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Cvd

(DURATION) DAYS

(Signed) Thos Jones M.D.
Attendant

Address

Date Dec 15 1907

Place of Burial Mt Lincoln

Date Dec 17 1907

Undertaker C. L. Bruns & Son

Address 108 N. Arlington Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

49 V

CERTIFICATE OF DEATH.

C 7414

Registered No. B.....

City of Baltimore, (No. 2235, Eutaw Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F Requardt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 28 (Month) (Day) 1843 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John F Requardt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Requardt

(Address) 2235 Eutaw Pl

Filed 12/17/1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1904 to Dec 15 1907 that I last saw h[er] alive on Dec 12 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Arthritis Deformans

(DURATION) 7 years DAYS

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) John Rudrich M. D.

Dec 17 1907 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 12/18 1907

UNDERTAKER: Wm J Dulany

ADDRESS: 91 Pratt

Ward 13 C 7415 Registered No. B C7415 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Austin Crothers

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March Oct. 27, 1907

AGE: ..... years, 1 month, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin. Inf. Asy.

(Address)

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1907 to Dec 6 1907

that I last saw her alive on Dec 6 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) C K Lingan M.D.

Address 133 N Carlton St

Date 12 16 1907

Place of Burial New Cathedral

Date December 17 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 14 C 7416 Registered No. B C7416 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brown

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Dec 2 1907

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincent Infant Asy

(Address)

Filed 12/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Dec 5 1907

that I last saw her alive on Dec 5 1907,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. B. Kelly M.D.

Address 2301 Carlton

Date 12 16 1907

Place of Burial New Cathedral

Date Dec. 17 1907

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7417 Registered No. B 153

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Reed

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH About Dec 10 190

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 12/17 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 14 1907 that I last saw h-- alive on Dec 14 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exposure

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E K Hayward M.D.

Address 1230 N Caroline St.

Date Dec 16, 1907

Place of Burial New Cathedral

Date December 16 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7418

C7418 Registered No. B 65 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2618 Bernard St St. (If Death occurred in Hospital or Institution give its Name instead of Street and No.)

Full Name Hugh H Milton

{Residence, if in Baltimore, Give Street and Number.} 2618 Bernard St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: Dec 2 one 1844

AGE: 63 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Georgia

FULL NAME OF FATHER: Benj S Milton

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Georgia

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph J Minnick

(Address) 107 E Lanvale st

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1907 19

I HEREBY CERTIFY, That I attended deceased f

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

A. M. CAUSE OF DEATH (Secondary or Immedia

24 hemorrhage

Cerebral softening

Probably a Brain Tumor

Acute Cardiac (DURATION)

Contributory (Primary)

Old age (DURATION)

(Signed) Hilton Littlejohn Jno Coroner

Address 1814 Eutaw St

Date 190

Place of Burial St Mary's Cemetery

Date Dec 19th 1907. 190

Undertaker C A F Myers

Address 1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 7419

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dickson

{Residence, if in Baltimore, Give Street and Number.} 1702 Jackson alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Easton Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Dickson

(Address) 1702 Johnson court

Filed 12/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 15 1907

that I last saw him alive on Dec 15 1907;

and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer Stomach

0

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date December 16 1907

Place of Burial Old Bethel Cemetery

Date Dec 18 1907

Undertaker John W. Henderson

Address 1 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C7420 Registered No. B 71V

CERTIFICATE OF DEATH.

(Place of Death.) No. 55 N Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Addie Young

{Residence, if in Baltimore, Give Street and Number.} 55 N. Caroline

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE X years, 7 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Isacca Young

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rebecca Neal

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Young

(Address) 55 N Caroline st

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 8 ... M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred L Antrim M.D.

Address Coroners Office

Date Dec 16-07 1907

Place of Burial Asbury Cemetery

Date Dec 18 1907

Undertaker John T Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7421 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1910 Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Deuph (Deceased)

{Residence, if in Baltimore, Give Street and Number.} 1910 Walbrook av

Duration of Residence in Baltimore. 61 year

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH ..... 1.....

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Meisner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Nickel

(Address) 1910 Walbrook Ave

Filed 12/17 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 16 1907

that I last saw her alive on Dec 16 1907,

and that death occurred, on the date stated above, at 10 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date Dec 17 1907

Place of Burial Western Cem

Date Dec 19 1907

Undertaker Wm Cook

Address 502 N Gilmor

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7422 Registered No. B ..... 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2030 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludmila Pagonek

{Residence, if in Baltimore, Give Street and Number.} 2030 E Eager

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: ..... years, 1 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Vaclav Pagonek
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	Annie Klaka
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Pagonek

(Address) 2030 E Eager

Filed 12/17 1907 JAMES O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Dec 16 1907

that I last saw h.. alive on Dec 16 1907, 7.40

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

Lues (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) M. D.

Address 611 N Wolfe

Date 9-13 2 N Broadway 1907

Place of Burial Holy Redeemer

Date Dec 18 1907

Undertaker Geo C M Grach

Address 1904 Eastern ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C7423 Registered No. B 1071

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Lottie Covington

{ Residence, if in Baltimore, Give Street and Number. } New Church Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 18

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Royston Covington

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Nancy Wilson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Covington

(Address) New Church Va

Filed 12/17/07 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 16 1907

that I last saw her alive on Dec 16 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis and acute suppression of urine -

(DURATION) 3 DAYS

Contributory (Primary.) Ovarian Cyst

(DURATION) DAYS

(Signed) H. H. Rupkin M.D.

Address St Josephs Hospital

Date Dec 16 1907

Place of Burial New Church Va

Date December 17 1907

Undertaker H. Allen Stuller

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 7425

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 619 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet Robinson

{Residence, if in Baltimore, Give Street and Number.} 619 Pierce St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1836

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry Robinson

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis A Robinson

(Address) 619 Pierce St

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 16th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 29th 1907 to Dec 16th 1907 that I last saw h[illegible] alive on Dec 16 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 21 DAYS

Contributory (Primary.) Pleurisy (DURATION) 21 DAYS

(Signed) Edward Gilmackin M.D.

Address 1305 W. North Ave

Date Balto Dec 17th 1907

Place of Burial Mt Auburn Cemetery

Date Dec 17th 1907

Undertaker Felix B Pugh

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7424 C 7424 Registered No. B 47V

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home + Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Allen

{ Residence, if in Baltimore, Give Street and Number. } Church Home

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 24 1849

AGE: 58 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: William Michall. Allen

BIRTHPLACE OF FATHER (State or country): Pennsylvania.

MAIDEN NAME OF MOTHER: Mary Melvina. Miller.

BIRTHPLACE OF MOTHER (State or country): Kent Co. Maryland.

OCCUPATION OF DECEASED: School Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. H. Allen

(Address) 2407 Maryland Ave Baltimore. Md.

Filed 12/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 17" 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 19" 1907 to Dec. 17" 1907

that I last saw h[illegible] alive on Dec. 16" 1907,

and that death occurred, on the date stated above, at 5 45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatoid Arthritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Dec. 17" 1907

Place of Burial Patts Cemetery

Date Dec 18" 1907

Undertaker E. Madison Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 7426 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julius Barney

{Residence, if in Baltimore, Give Street and Number.} 704 Vine

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Webster Barney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Coates

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Barney

(Address) 704 Vine St.

Filed 12/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Dec 14 1907

that I last saw him alive on Dec 9 1907

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonary

Eight months (DURATION) DAYS

Contributory (Primary.) ?

(DURATION) DAYS

(Signed) T. Ken Williams M.D.

Address 601 N Carrollton Ave

Date Calvert Co. Md 1907

Place of Burial Governors Run

Date Dec 18 1907

Undertaker Jno H. Toadvine

Address 142 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C7427 C 7427 Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Grace Boblitz

{Residence, if in Baltimore, Give Street and Number.} 213 Druid Av. Woodberry.

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept 15th 1890

AGE: 17 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hampstead Md.

FULL NAME OF FATHER: Frank. Boblitz.

BIRTHPLACE OF FATHER (State or country): Hampstead Md.

MAIDEN NAME OF MOTHER: Mary. Cecilia Albaugh

BIRTHPLACE OF MOTHER (State or country): Hampstead Md

OCCUPATION OF DECEASED: Mill Hand.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary. C Boblitz.

(Address) 213 Druid av.

Filed 12/18 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 16th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot

(DURATION) 6 DAYS

Contributory (Primary.) Homicide

(DURATION) ..... DAYS

(Signed) Lieut Balcomb M.D.

Address 700, Laf. ave. (Corner)

Date Dec. 17th 1907

Place of Burial St. Marys. Hampden

Date Dec 18 1907

Undertaker John E Chenoweth & Son

Address # 919. 3rd ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward P

C7428

Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 729 350 St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Kunst

{ Residence, if in Baltimore, Give Street and Number. } 129 350 St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 15 1907

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Chas E Kunst

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Mary Edmondson

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Kunst

(Address) 729 350 St

Filed 12/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 17 1907 that I last saw him alive on Dec 16 1907 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

DURATION) 2 DAYS

Contributory (Primary) Premature birth DURATION) — DAYS

(Signed) Edwin Simonson M.D.

Address 907 Third ave

Date Dec 17 1907

Place of Burial St. Marys Hampden

Date Dec 18 1907

Undertaker Wm. E. Ehemardt & Son

Address 919 Third Av. Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 7 C 7429 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 S Charles St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Lucille Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 1425 S Charles -

Duration of Residence in Baltimore. 60 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR White -

DATE OF BIRTH Dec 1 1824

AGE 83 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany -

FULL NAME OF FATHER unknown —

BIRTHPLACE OF FATHER (State or country) Germany -

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany -

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis C Schmidt

(Address) 1425 S Charles -

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 16 1907

that I last saw h[illegible] alive on Dec 15 1907,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorhage

(Paralysis -) -

(DURATION) 1 DAYS

Contributory (Primary) Old age

(DURATION) — DAYS

(Signed) C P Strauss M.D.

Address 1606 Light St

Date Dec 18 1907

Place of Burial Baltimore Cem

Date Dec 18 1907

Undertaker J E Evans

Address 1428 S Charles St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 4 C7430 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 300 n Pine St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name George Matuliones

{Residence, if in Baltimore, Give Street and Number.} 300 n Pine

Duration of Residence in Baltimore. 17 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1906

AGE: 1 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltor.

FULL NAME OF FATHER: Vincent Matuliones

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Helena Yonuliene

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Matuliones

(Address) 300 N Pine St

Filed 12/18/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17. 1907

I HEREBY CERTIFY, That I attended deceased from 12. 16. 1907 to 12. 17. 1907 that I last saw him alive on 2 am. 12. 17. 1907. and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

105

Diarrhea - Enteritis

(DURATION) 1½ DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 Franklin st

Date 12-17- 1907

Place of Burial Holy Redeemer

Date Dec 18th 1907 190

Undertaker N. S. Frick

Address 2118 N Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C7431 Registered No. B

CERTIFICATE OF DEATH. 27 1

(Place of Death.) No. 1024 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie G. White

{Residence, if in Baltimore, Give Street and Number.} 1010 Boyd st

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 2nd 1879

AGE 28 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm. H. Harman

BIRTHPLACE OF FATHER (State or country) Harford Co

MAIDEN NAME OF MOTHER Victoria Peterson

BIRTHPLACE OF MOTHER (State or country) Harford Co.

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Harman

(Address) 1024 Boyd St.

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 17 1907 that I last saw h alive on Dec 16 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis

2 (DURATION) 7 DAYS

Contributory (Primary.) Pathemia

(DURATION) DAYS

(Signed) J. L. Dunn M.D.

Address 1302 W. Lombard st

Date Dec. 17 1907

Place of Burial London Park Cem

Date Dec 19th 1907

Undertaker Mackert & Wm H. Sewell

Address 301 N. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 7432 Registered No. B 1V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Pirlich

{ Residence, if in Baltimore, Give Street and Number. } none -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male - | COLOR: White

DATE OF BIRTH: 1882

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Schmitz

(Address) St Josephs Hospital

Filed 12/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 14 1907 to Dec. 16 1907

that I last saw h in alive on Dec. 16 1907

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia

(DURATION) Several DAYS

Contributory (Primary.) Scarlet fever (DURATION) ? DAYS

(Signed) Wm. J. Schmitz M.D.

Address St Josephs Hospital

Date Dec. 16 07 1907

Place of Burial St - Peters

Date Dec - 16 - 1907

Undertaker Wm H. Gauthier

Address 5 - 11th & Linden Ave

11 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7433 C7433 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ulysses Seignuels

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): France

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cork Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1907 to Dec 15 1907 that I last saw h um alive on Dec 15 1907, and that death occurred, on the date stated above, at 5-2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsia

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis- (DURATION) ..... DAYS

(Signed) Robt F. Bay M.D.

Address Bay View

Date Dec. 16 1907

Place of Burial Leonard Cemetary Baltimore

Date Dec 18/07 190...

Undertaker Christian Miller

Address 2334 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C7434 92 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda Jane Allen

{Residence, if in Baltimore, Give Street and Number.} 1306 Lemmon

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem

COLOR Collard

DATE OF BIRTH December 13 1906

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER W Y G Allen

BIRTHPLACE OF FATHER (State or country) West Va

MAIDEN NAME OF MOTHER Mary Young

BIRTHPLACE OF MOTHER (State or country) Howard County

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Allen

(Address) 1306 Lemmon st

Filed 12/18/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 14 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Edmund Jones M.D.

Address Devonshire st

Date Dec 16 1907

Place of Burial Mount Auburn Cem

Date December 18 1907 190

Undertaker Geo W Thompson

Address 609 Eutaw Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 1 C 7435 Registered No. B ... 41V

C7435

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Ensor St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Reinsnyder

{ Residence, if in Baltimore, Give Street and Number. } Hanover Av. Md

Duration of Residence in Baltimore. 3 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ... 1

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Reinsnyder

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Barbara Miller

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Reinsnyder

(Address) ...

Filed 12/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 18 1907

that I last saw h[illegible] alive on Dec 18 1907,

and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Intestines

(DURATION) 3 mos DAYS

Contributory (Primary.) Blood Poison

(DURATION) 2 mos DAYS

(Signed) Dr H M Bonnard M.D.

Address 708 Ensor St

Date Dec 18 1907

Place of Burial Hanover Md

Date Dec 18 1907

Undertaker W J Tickner and Sons

Address 428 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7436 Registered No. B

CERTIFICATE OF DEATH.

120 V.

(Place of Death.) No. 42 S. Bond, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Lantz

{Residence, if in Baltimore, Give Street and Number.} 42 S Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 8 1856

AGE 51 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Peter Lantz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catharine Weinecke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Lantz

(Address) 42 S. Bond St.

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1907 to Dec. 15, 1907 that I last saw him alive on Dec. 15, 1907, and that death occurred, on the date stated above, at 5- A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Bright's disease (DURATION) unknown DAYS

(Signed) E. B. Britton M.D.

Address 1711 E Baltimore St.

Date Dec. 17th 1907

Place of Burial Loudon Park Cem

Date December 18 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1542

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7437

City of Baltimore, (No. 7, Morley St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Cornthwait

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 4 1822 (Month) (Day) (Year)

AGE: 85 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Benjamin G. Williams

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Mary Vicus

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Drennen

(Address) 7 Marley St.

Filed 12/18/1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 10 1907 to Decemb 17 1907 that I last saw h-r alive on Dec 16 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

General Asthenia (DURATION) 1 Year

Contributory Old Age (DURATION) DAYS

(Signed) H. W. Jones M. D.

Dec 17 1907 (Address) Druid Lane

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Dec 19 1907

UNDERTAKER: C. H. McCormick | ADDRESS: 1224 Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C 7438 Registered No. B 63

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Thomas

{ Residence, if in Baltimore, Give Street and Number. } Dover St.

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: B.

DATE OF BIRTH: 1

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S—

BIRTHPLACE (State or country): Md—

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/18 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 15th 1907 that I last saw h[illegible] alive on Dec 15th 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tranverse Myelitis

+ Paralysis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. R. Eshn M.D.

Address Balto City Hospital

Date Dec 16th 1907

Place of Burial COLLEGE OF P. & S.

Date DEC 17 1907 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

276

Ward ..... C7439 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Morris.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13- 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1907 to Dec. 13 1907 that I last saw him alive on Dec. 13 1907 and that death occurred, on the date stated above, at 5.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) ..... DAYS

(Signed) Robt F. Bay M.D.

Address Bay View

Date Dec. 18. 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date DEC 17 1907 190....

Undertaker Wm St Hayden

Address 1811 Aisen St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

27

KODAK SAFETY

Ward ..... C 7440 Registered No. B 99

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Baker

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Holliday

(Address) ..... 2141 ASHLAND AVE

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1907 to Dec. 13 1907 that I last saw h-- alive on Dec 13 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Congestion of Lungs

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 14 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 17 1907 190...

Undertaker Wm J Thorden

Address 1811 Aisen St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or, the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

374

Ward 10 — C7441 — Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Hughes

{Residence, if in Baltimore, Give Street and Number.} 313 West Pt.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edw. Hayes.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Brunner

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Ballahan

(Address) 427 W. Pratt St

Filed 12/8 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 29 1907 to Dec 17 1907

that I last saw h Er alive on Dec. 17 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs

8 Hours (DURATION) DAYS

Contributory (Primary.) Typhoid fever

Several months (DURATION) DAYS

(Signed) Com. Schmitz M.D.

Address St. Joseph's Hospital

Date Dec 17 1907

Place of Burial St. Peters

Date Dec 20 1907

Undertaker Wm. Cook

Address 520 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 7442 Registered No. B C7442

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 415 So. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Moeller

{ Residence, if in Baltimore, Give Street and Number. } 415 S. Chapel

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ....1....

AGE 73 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Snyder

(Address) 1723 Lexington St

Filed 12/18 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17th 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Dec 17 1907 that I last saw h alive on Dec 1 1907 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma - exhaustion

(DURATION) 5 DAYS

Contributory (Primary) Bright's Dis. of Kidneys and Aortic Stenosis (DURATION) ....

(Signed) Geo. E. Perkins M.D.

Address 6 N. Broadway

Date Dec. 17th 1907

Place of Burial Mt. Carmel

Date Dec 19 1907

Undertaker Wm. Burk & Son

Address 505 E. Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C7444 Registered No. B

CERTIFICATE OF DEATH. 19V

(Place of Death.) No. 901 Fayette Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Clements

{ Residence, if in Baltimore, Give Street and Number. } 901 Fayette Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: (illegible) 1	
AGE: 44 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: (illegible)	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Edward Thomas

(Address) 701

Filed 12/18/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 15th 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.) 0

(DURATION) ..... DAYS

(Signed) Wm. P. Bascom M.D.

Address 700 E. Lg. Av. "Comgen"

Date Dec. 16th 1907

Place of Burial Mt Auburn Cemetery

Date Dec 18. 1907

Undertaker R. A. Golliard

Address 506 Roger Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C7443 C7443 931

CERTIFICATE OF DEATH.

(Place of Death.) No. 948 N Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Barnes

{Residence, if in Baltimore, Give Street and Number.} 948 N Chapel St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Richard A. Barnes

(Address) 948 N Chapel

Filed 12/18 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 15 1907 that I last saw her alive on Dec 15 1907, and that death occurred, on the date stated above, at 11½ a.m. CAUSE OF DEATH (Secondary or Immediate)

Senility and Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Symms M.D.

Address 1025 N Wolfe

Date Dec 16 1907

Place of Burial Laurel

Date Dec 18 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 7. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C7445 Registered No. [illegible] 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 N. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma B Whalen

{Residence, if in Baltimore, Give Street and Number.} 1024 N. Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col'd

DATE OF BIRTH Dec 2 1906

AGE [illegible] yrs, 12 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Whalen

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Gertrude Mitchell

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Whalen

(Address) 1024 Stockton St

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Dec 15 1907

that I last saw h[illegible] alive on Dec 15 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 14 DAYS

Con'tributory (Primary) Asthenia

(DURATION) 1 DAYS

(Signed) E Norwood M.D.

Address 1929 Fayette

Date Dec 16 1907

Place of Burial Laurel Cemetery

Date Dec 18. 1907

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7440 Registered No. B C 7440

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 10 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catharina Roch

{Residence, if in Baltimore, Give Street and Number.} 10 N. Chapel St.

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 23 1813

AGE: 87 years, 6 months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Roch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Sprunk

(Address) 8 N. Chapel St

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18. 1907

I HEREBY CERTIFY, That I attended deceased from July 15. 1906 to Dec. 17. 1907 that I last saw her alive on Dec. 17. 1907 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility

(DURATION) one year

Contributory (Primary.) Atonia of stomach

(DURATION) one year

(Signed) E. J. Sebald M.D.

Address 1001 Eisinger St.

Date Balto. Dec. 18. 1907

Place of Burial Holy Redeemer Cem

Date Dec 21 1907

Undertaker Wendell Dippel son

Address 320 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 7447 Registered No. B C 7447 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 E. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Catherine Lease

{ Residence, if in Baltimore, Give Street and Number. } 102 E Hamburg St. Baltimore

Duration of Residence in Baltimore. twenty-one years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 14 - 1868

AGE: 38 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Beaverdam. Maryland.

FULL NAME OF FATHER: Henry Hill

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Mary Earle

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas F. Lease

(Address) 102 E Hamburg St

Filed 12/18/1907

HARRY C. ANDREWS? PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to Dec 17 1907 that I last saw h-r alive on Dec 17 1907, and that death occurred, on the date stated above, at 6.30 a.m.

M. CAUSE OF DEATH (Secondary or Immediate)

Embolism, cerebral.
General Carcinosis following Cancer of Breast a.p.d.

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma

Mitral Insuffy (DURATION) DAYS

(Signed) Elizabeth Sturdevant M.D.

Address 1315 N. Charles St

Date Dec. 17th 1907

Place of Burial Mt Olivet Cemetery

Date DEC 19 1907 1907

Undertaker John E. Fahey

Address 1252 Hollins St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C7448 Registered No. B [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 323 S. Parrish L St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Conrad Atkinson

{ Residence, if in Baltimore, Give Street and Number. } 323 S Parrish L St.

Duration of Residence in Baltimore. 5 Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 12th 1907

AGE ——— years, ——— months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob W. Atkinson

BIRTHPLACE OF FATHER (State or country) Frederick County, Md.

MAIDEN NAME OF MOTHER Mary Gross.

BIRTHPLACE OF MOTHER (State or country) Catonsville, Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Howard Dykehart M.D.

(Address) 539 N. Carrollton Ave

Filed 12/18 1907 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17th 1907.

I HEREBY CERTIFY, That I attended deceased from Dec. 12th 1907 to Dec 17th 1907 that I last saw him alive on Dec 16th 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Howard Dykehart M.D.

Address 539 N. Carrollton Ave

Date Dec. 17th 1907

Place of Burial Salem Cemetery Catonsville Md.

Date [illegible] 1907

Undertaker John L. Fields

Address 1200 N. Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7449 Registered No. B C 7445

38

CERTIFICATE OF DEATH.

(Place of Death.) No. 1390 Stockton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 1390 Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 9 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	James L Dorsey
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Caroline Brown
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgie Dorsey

(Address) 1396 Stockton St

Filed 12/18 1907 MANNY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 18 1907

that I last saw h-s alive on Dec 17 1907,

and that death occurred, on the date stated above, at ——, M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Enteritis - colitis

Enteritis

(DURATION) DAYS

Con'ributory (Primary.)

Eczema Infant. (DURATION) 14 DAYS

(Signed) R F Martin M.D.

Address 1032 W Lafayette

Date Dec 17 1907

Place of Burial Cathedral Cemetery

Date Dec. 20th 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 V

CERTIFICATE OF DEATH.

C 7450

Registered No. B.....

City of Baltimore, (No. 1020 N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gladys E. Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, 4 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Zackarah Young

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Zackarah Young

(Address) 1020 N. Calhoun St

Filed 12/18 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 12 1907 to Dec 17 1907

that I last saw her alive on Dec 16 1907,

and that death occurred, on the date stated above, at 2.5 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Lyle Smith M. D.

Dec 18 1907 (Address) 917 N. Calvert

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Int Auburn Cemetery

DATE OF BURIAL: Dec. 19 1907

UNDERTAKER: Felix B. Pye

ADDRESS: 103 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 7451 Registered No. B

C7451

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 Carlo St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Stewart

{Residence, if in Baltimore, Give Street and Number.} 1413 Carlo St

Duration of Residence in Baltimore... 16 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Augustus Jones

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Stewart

(Address) 1413 Carlo St

Filed 12/18 1907 DANNY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1907 to Dec 17 1907

that I last saw her alive on Dec 17 1907,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs (DURATION) 90 DAYS

Contributory (Primary.)

Hemorrhage (DURATION) 3 DAYS

(Signed) Frank Wyeman M.D.

Address 322 N Greene St

Date Dec 18th 1907

Place of Burial St Peters Cemetery

Date Dec 20th 1907

Undertaker Felix B Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(C 7452)

CERTIFICATE OF DEATH.

277

(Place of Death.) No. 26 Talbot st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Brown

{Residence, if in Baltimore, Give Street and Number.} 26 Talbot st.

Duration of Residence in Baltimore. Life

C 7452

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ? 1

AGE About 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) ?

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ... and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis about 1 year. (DURATION) DAYS

(Signed) Chas. Luttmann M.D. Coroner

Address 818 N. Chas.

Date ... 190 ...

JOHNS HOPKINS HOSPITAL DEC 18 1907 Commissioner Health. Per Wm. E. WOODALL

Place of Burial ...

Date ... 190 ...

Undertaker ...

Address ...

WM. J. C. DULANY CO., BALTIMORE

277

Has no objection FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7453

Registered No. B 27

City of Baltimore, (No. 1124 1/2 1/4 China St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."] 1124

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlie Gardner.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bl

DATE OF BIRTH Unknown 11 (Month) (Day) Year)

AGE About 37 yrs, years, months days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Queen,

(Address) 1124 China St.

Filed 12/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 16 1907

that I last saw h... alive on Dec 16 1907,

and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis,

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) B. L. Lynch M. D.

Dec 16 1907 (Address) 1514 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL ... DATE OF BURIAL DEC 18 1907 190

UNDERTAKER ... ADDRESS

JOHNS HOPKINS HOSPITAL.
Commissioner Health.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

2/17

Ward 5 C 7454 Registered No. 5 174 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Hillen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tom J. Allison

{Residence, if in Baltimore, Give Street and Number.} 1009 Hillen St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Co. Md

FULL NAME OF FATHER: Frank L. Allison

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Isabel Henry

BIRTHPLACE OF MOTHER (State or country): Balto Co. Md

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Allison Brother

(Address) 1009 Hillen St

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 17 1907

that I last saw him alive on — 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gas Asphyxia (Accidental)

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D Stayton M.D.

Address 1216 N. Caroline St

Date Dec. 17, 1907

Place of Burial Frank Christian Cem Harford County Md

Date 12 Dec 1907

Undertaker Edward J. Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 7455 Registered No. B

CERTIFICATE OF DEATH.

C 7455
120

(Place of Death.) No. 7 W. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susana. Medley

{Residence, if in Baltimore, Give Street and Number.} 7 W Randall St,

Duration of Residence in Baltimore. 16 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 24 " 1833

AGE 74 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Phelps

BIRTHPLACE OF FATHER (State or country) Md.,

MAIDEN NAME OF MOTHER Susan a. Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Angel

(Address) 7 W. Randall St,

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1" 1906 to Dec 16 1907 that I last saw her alive on Dec 15 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Dec 16 1907

Place of Burial Mount Olivet Cem

Date Dec 19th 1907

Undertaker E. Schlosman's Son

Address 1039 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C7456

92

CERTIFICATE OF DEATH.

(Place of Death.) No. Nine House Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aloysius Cooper Webb

{ Residence, if in Baltimore, Give Street and Number. } Nine House Court

Duration of Residence in Baltimore. One week

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR colored

DATE OF BIRTH Dec 10 1907

AGE One week
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Webb

(Address) 9 House Court

Filed 12/18 1907

GARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... on Dec 17 190 7

that I last saw h ..... alive on Dec 17 190 7,

and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 2013 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J Howard D Lewis M.D.

Address 423 Hanover st

Date Dec 17 1907

Place of Burial St Peters Cemetery

Date Dec 19 1907

Undertaker M Doyle and Son

Address 17 East Lee st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C 7457

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 S. Luzerne St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Reis

{ Residence, if in Baltimore, Give Street and Number. } 808. S. Luzerne St

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Martin Koscielmaik

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Apolonie Wozmaik

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Reis

(Address) 808 S Luzerne

Filed 12/18 1907. HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Dec 16 1907 that I last saw her alive on Dec 16 1907 and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) John Rath M.D.

Address 2007 Eastern Ave

Date Dec 18th 1907

Place of Burial Holy Rosary

Date Dec 19 1907

Undertaker William Fialkowski

Address 428. S. Bond. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7458 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Conrad Priller

{ Residence, if in Baltimore, Give Street and Number. } 1235 E. Eager St.

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 13th 1834

AGE 73 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Priller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cecil

(Address) 1527 N Eden St

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1907 to Dec. 17 1907 that I last saw him alive on Dec. 17 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation.

(DURATION) 1 DAYS

Contributory (Primary.) Myocarditis

(DURATION) 2 DAYS

(Signed) Eugene L. Pessano M.D.

Address St Joseph's Hosp.

Date Dec. 18 1907

Place of Burial New Cathedral

Date Dec. 20th 1907

Undertaker Geo H. Frick

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7453 Registered No. B C 7453

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2025 Ridgwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Wisner

{Residence, if in Baltimore, Give Street and Number.} 2025 Ridgwood

Duration of Residence in Baltimore. Twenty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 27 1882

AGE 25 years, Four months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) W. Virginia

FULL NAME OF FATHER Wm ~~Preston~~ Moore

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Underwood

BIRTHPLACE OF MOTHER (State or country) W. Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Grace Bishop

(Address) 2025 Ridgwood

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to Dec 17 1907 that I last saw h alive on Dec 17 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 mos (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis 6 mos (DURATION) DAYS

(Signed) J Pollard LaBare M.D.

Address 1903 N North

Date Dec 18 1907

Place of Burial London Park

Date Dec 20th 1907

Undertaker G.F. Walker

Address 123 E Eager ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7460 Registered No. B 7460

CERTIFICATE OF DEATH.

15-1

(Place of Death.) No. St. Vincents' Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosalie Zigler

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov 23 1907

AGE ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 12/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Dec 17 1907 that I last saw her alive on Dec 16 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C H Hayward M.D.

Address 1730 N Caroline St

Date 12-17- 1907

Place of Burial S. S. Peters & Paul Cem

Date Dec 18th 1907

Undertaker Martin Mahaney & Son

Address 606 N Lafayette

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 B7461 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Low St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Hoffberger

{Residence, if in Baltimore, Give Street and Number.} 1103 Low St.

Duration of Residence in Baltimore. 23 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 49 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Samuel Hoffberger

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Kindia Lehnitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B Hallander

(Address) 2400 Linden Ave

Filed 12/19 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1907

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Dec 18 1907

that I last saw him alive on Dec 18 1907

and that death occurred, on the date stated above, at 7.40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Carcinoma of Stomach (DURATION) 6 mos DAYS

(Signed) J. Frederick Leitz M.D.

Address 134 W. North Ave

Date Dec 18 1907

Place of Burial Hebrew Benevolent Cemetery Co

Date Dec 19 1907

Undertaker J. Max Levinson

Address 1620 N. Eldersley st

WM. J. C. OULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 7462 Registered No. B

1204

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Butler

{ Residence, if in Baltimore, Give Street and Number. } 18 N Carlton St

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	1
AGE	47 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hospital Asst. BAY VIEW ASYLUM

(Address)

Filed 12/19" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1907

I HEREBY CERTIFY, That I attended deceased from Oct 14 1905 to Dec 18 1907

that I last saw her alive on Dec 18 1907,

and that death occurred, on the date stated above, at 9 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cardiac Dilatation

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) Unk DAYS

(Signed) D M Quarterly M.D.

Address Bay View Asylum

Date Dec 18 1907

Place of Burial Mt Auburn Cemetery

Date Dec 19 1907

Undertaker Felix B Dye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married **or** single) of the person and the **cause and date of death.**

Ward 12 C 7463 Registered No. B C 7463

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1629 Division St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Cox.

{Residence, if in Baltimore, Give Street and Number.} 1629 Division St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Afro-Am

DATE OF BIRTH Sept., 1906

AGE —, 15 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER W. J. Cox

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Louise Taylor

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W J Cox

(Address) 1629 Division St

Filed 12/19/1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/19/1907.

I HEREBY CERTIFY, That I attended deceased from 12/17/1907 to 12/19/1907, that I last saw h[illegible] alive on 12/18/1907 and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 6 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 14 DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad Ave

Date 12/19/1907

Place of Burial Mt Auburn

Date [illegible] 20th 190[illegible]

Undertaker Clarmerdoughty

Address 1364 Mary St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 7464

C 7464

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm C. Miller

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm C Miller

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Horse dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/19 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1907

I HEREBY CERTIFY, That I attended deceased from 12-6- 1907 to 12-17 1907

that I last saw h-im alive on 12-17 1907,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteri. Sclerosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Dec. 18 1907

Place of Burial Mt. Olivet

Date Dec 18-th 1907

Undertaker E M Mitchell

Address 1210 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Lamar Holliday, BAY VIEW ASYLUM, Supt.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1201

CERTIFICATE OF DEATH.

Registered No. B C 7465

City of Baltimore, (No. 709, N Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Bauer -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 18th (Day) 1856 (Year)

AGE: 51 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bauer

(Address) 704 N. Chester St

Filed 12/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 16 1907 that I last saw h[illegible] alive on Dec 15 1907, and that death occurred, on the date stated above, at 10.30 A.M. The CAUSE OF DEATH was as follows:

Autopsy shows that death was due to Chronic Brights disease. Died of Edema of brain & lungs (DURATION) 36 hours

Contributory (DURATION) DAYS

(Signed) Wm J. Watson M. D.

Dec 17 1907 (Address) 2128 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cem — DATE OF BURIAL: 12/19 1907

UNDERTAKER: J Herwig & Son — ADDRESS: 2008 Orleans St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 7466

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria R. Orienta

{Residence, if in Baltimore, Give Street and Number.} 821 Eastern Ave.

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 62 years, 4 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: M.

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Rattini

(Address) 808 Eastern Ave

Filed 12/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 18 December 1907

I HEREBY CERTIFY, That I attended deceased from 20 November 1907 to 18 Decem 1907 that I last saw h— alive on 18 Decem 1907, and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (Cerebral)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barroun M.D.

Address 204 N Greene St

Date 19 December 1907

Place of Burial Holy Rosary

Date Dec. 21" 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C7467 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Painters Court St. (If Death occurred Hospital or Institution give its Name instead of Street and Number)

Full Name Lucy Benson

{ Residence, if in Baltimore, Give Street and Number. } 10 Painters Ct

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: George Benson

BIRTHPLACE OF FATHER (State or country): Del.

MAIDEN NAME OF MOTHER: Margaret Johnson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Johnson

(Address) 10 Painters Ct.

Filed 12/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4 to Dec 14 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Stanton M.D.

Address 1216 E Baltimore St

Date Dec 15 1907

Place of Burial Laurel Cemetery

Date Dec 19 1907

Undertaker R. H. L. Smith

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 7468 Registered No. B

CERTIFICATE OF DEATH.

94 V

(Place of Death.) No. 732 E. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luella Lane Templeton

{Residence, if in Baltimore, Give Street and Number.} 732 E North ave.

Duration of Residence in Baltimore. 32 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Lane

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Barlow

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Sammons

(Address) 732 E Hartad

Filed 12/19 07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 18th 1907 to Dec 18th 1907 that I last saw him alive on Dec 17 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Probably Tuberculosis
though no bacteriological
examination was made
6 months (about) (DURATION) — DAYS

Contributory (Primary.)
Pus in [illegible] (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1200 Madison ave

Date Dec 18th 1907

Place of Burial Mount View Howard Co Md

Date Dec 20 1907

Undertaker Lowe Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward Annex C 7469 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Rhiopet

{ Residence, if in Baltimore, Give Street and Number. } 1935 E Monument St

Duration of Residence in Baltimore.

Philbar

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Balt. Bay, Tun. & W. R.

(Address) Bay View Hospital

Filed 12/19 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1. 26 1907 to Dec. 18 1907 that I last saw h.im alive on Dec. 16 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Balt Bay, M.D.

Address Bay View Hospital

Date Dec. 18. 1907

Place of Burial Baltimore Cem

Date Dec 20 1907

Undertaker Wm Cook

Address 1015 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 7470 C7470 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 200 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agatha Witcha

{ Residence, if in Baltimore, Give Street and Number. } 200 N. Rose St

Duration of Residence in Baltimore. 29 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Widowed) —

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Smrcka

(Address) 918 E. Lafayette Ave

Filed 12/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to Dec 19 1907 that I last saw him alive on Dec 18 1907, and that death occurred, on the date stated above, at 1:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Cardiac Asthenia~~
Cardiac Asthenia

2 wks (DURATION) DAYS

Contributory (Primary.) Mitral Insufficiency (DURATION) 2 ~~The~~ DAYS

(Signed) A. G. Wyton M.D.

Address 2204 E. Monument St

Date Dec 19th 1907

Place of Burial Holy Redeemer

Date Dec. 21 1907

Undertaker Jerome B. M. Grach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 14 C 7471 Registered No. B 1514

CERTIFICATE OF DEATH.

(Place of Death.) No. 535 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel J. Brooks

{Residence, if in Baltimore, Give Street and Number.} 535 McCulloh St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Dec 16th 1907

AGE: — years, — months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Brooks

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Brooks

(Address) 535 McCulloh St

Filed 12/19/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Beachman M.D.

Address 700 Lex. av. (Corner)

Date Dec. 18th 1907

Place of Burial Mt Auburn

Date Dec 19 1907

Undertaker J H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7472 Registered No. B 64V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2551 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Belindia Fuller

{Residence, if in Baltimore, Give Street and Number.} 2551 Woodbrook Ave

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 7 1863

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Norval Canada.

FULL NAME OF FATHER Thomas Robinson

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Jane. —

BIRTHPLACE OF MOTHER (State or country) Ireland —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. B. Fuller

(Address) 2551 Woodbrook Ave

Filed 12/19/1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to Dec 17 1907 that I last saw h alive on Dec. 1 1907, and that death occurred, on the date stated above, at 1.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy —

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) J. Thomas Robson M.D.

Address 1300 N. Linden Ave

Date Dec 17 1907

Place of Burial London Park

Date Dec 19 1907

Undertaker H. J. Tuckers Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7473

City of Baltimore, (No. 836 N Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Macdonald

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wesley White

(Address) 836 N Fulton Ave

Filed 12/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 18 1907

that I last saw him alive on Dec 18 1907,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Arterio-Sclerosis

Duration ? Months (DURATION) —— DAYS

Contributory Asthma

(DURATION) ..... DAYS

(Signed) J. L. Davis M. D.

Dec 18 1907 (Address) 900 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Baltimore — DATE OF BURIAL Dec 19 1907

UNDERTAKER W. J. McKenna & Sons — ADDRESS W. J. McKenna & Sons

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Registered No. B c 7474

CERTIFICATE OF DEATH.

41

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Louisa Beadenkopf

{ Residence, if in Baltimore, Give Street and Number. } Glyndon, Maryland.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR W

DATE OF BIRTH February 19 1857

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Buchheimer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Beadenkopf

(Address) Glyndon Md.

Filed 12/19 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1907 to Dec. 19, 1907

that I last saw her alive on Dec. 19, 1907,

and that death occurred, on the date stated above, at 10:27 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(rt. lung)

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of Colon (Hepatic flexure) (DURATION) DAYS

(Signed) Jerome Worth, Jr., M.D.

Address U. P. D.

Date December 19, 1907

Place of Burial Druid Ridge Cemetery

Date December 22nd 1907

Undertaker George Schilling & Sons Co.

Address Eutaw and Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 2

C 7475 Registered No. B C 7475

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Saml Murphy

{Residence, if in Baltimore, Give Street and Number.} 1534 Clarkson St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR White

DATE OF BIRTH Dec 17 1907

AGE 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm J Murphy

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER C L Oliver

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Electric Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Grace Kimball

(Address) 1032 Clarkson St

Filed 12/19 1907 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 17 1907

that I last saw h... alive on Dec 16 1907,

and that death occurred, on the date stated above, at 5:20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea (Chronic)

(DURATION) ? DAYS

Con'tributory (Primary.) Cardiac failure

(DURATION) 2 DAYS

(Signed) E. J. Elles M.D.

Address 915 Light St

Date Dec 17 1907

Place of Burial Holly Grove

Date Dec 20 1907

Undertaker J. E. Evans & Son

Address 1428 C Charles St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C7476 Registered No. B C7476

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1819 W Fayette St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleonore Born

{Residence, if in Baltimore, Give Street and Number.} ~~43 Years~~ 1819 W Fayette St

Duration of Residence in Baltimore. 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 18th 1844

AGE 63 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frederich N Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christian Brockmeyer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Born

(Address) 1819 W Fayette

Filed 12/19 1907 HARRY C. ANDREWS, CITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3. 1907 to Dec 18. 1907

that I last saw h— alive on Dec 17 1907,

and that death occurred, on the date stated above, at 8.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis Heart.

(DURATION) 1. DAYS

Contributory (Primary.) Cancer of Abdominal Viscera (DURATION) 6 Months

(Signed) [illegible] M.D.

Address 1733 Holliday St

Date 190

Place of Burial Loudon Park Cem.

Date Dec 20 1907

Undertaker Chas. E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C 7477 C 7477

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kortanek

{Residence, if in Baltimore, Give Street and Number.} 212 N Durham St.

Duration of Residence in Baltimore. 48 yrs,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: wht

DATE OF BIRTH: unk 1855

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Rowland

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hannah Rhelin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ch F Rhelin

(Address) 1711 Old ave

Filed 12/19 1907 WM. C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Dec 17 1907 that I last saw h alive on Dec 16 1907, and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arter Sclerosis

(DURATION) 2 mos DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) Chas Slader M.D.

Address 1436 E. Mt

Date Dec 19 1907

Place of Burial Catholic

Date Dec 20 1907

Undertaker Ch F Rhelin

Address 1711 Old ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

794

CERTIFICATE OF DEATH.

Registered No. B[illegible] 7478

City of Baltimore, (No. 408, N. Front St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jeanne Kehoe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Indiana

FULL NAME OF FATHER: John Kehoe

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Fallon

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecelia Kehoe

(Address) 408 N. Front St.

Filed 12/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 — to — 190 —

that I last saw h— alive on — 190 —,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Benj. D. Strayer M. D.

Dec. 18 1907 (Address) 1216 E. Cowen Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Dec 21st 1907

UNDERTAKER: A. F. Philbin — ADDRESS: 1111 Madison Ave

✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 7479 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Kraus

{ Residence, if in Baltimore, Give Street and Number. } 1019 Streeper St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Kraus

(Address) 1019 Streeper St

Filed 2/19 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 19 1907

that I last saw h.. alive on Dec 19 1907

and that death occurred, on the date stated above, at 9 30 M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma of liver (DURATION) ..... DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hosp

Date December 19 1907

Place of Burial Sacred Heart Cem.

Date Dec 22nd 1907

Undertaker Germanus Firance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C7480 Registered No. 1991

CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name ~~Mary~~ Mary Ann Rentzy

{Residence, if in Baltimore, Give Street and Number.} 1733 N Broadway

Duration of Residence in Baltimore. Most of Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Josiah H Rutter

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mary A Rutter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Harry A Rently P H&H

(Address) 1733 N Broadway

Filed 12/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15 1907

I HEREBY CERTIFY, That I attended deceased from November 29 1907 to Dec. 15. 1907

that I last saw h Er alive on " 11 1907

and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 3 DAYS

Contributory (Primary.) Dilatation of heart, re

Dull of Valvular disease (DURATION) 5 year DAYS

(Signed) Geo A. Hoffman M.D.

Address 1121 N Caroline St.

Date Dec. 15. 1907

Place of Burial Mt. Olivet CEMETERY,

Date DEC 20 1907 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7481 Registered No. B [illegible]

CERTIFICATE OF DEATH.

921

(Place of Death.) No. 816 Nata Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Kanter

{Residence, if in Baltimore, Give Street and Number.} 816 N. Gay

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip Kanter

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bessie Shepiro

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Kanter

(Address) 520 Sarquith st

Filed 12/19 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1907 to [illegible] 190[illegible]

that I last saw him alive on Dec 18 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

Broncho Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Frank J. Smith M.D.

Address 1126 Caltonsville st

Date Dec 19th 1907

Place of Burial Hebrew Rodgers Dale

Date Dec 20, 1907

Undertaker Max Levinson

Address 1620 N. Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 5 C 7482 Registered No. B [illegible] 934

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William T. Price

{Residence, if in Baltimore, Give Street and Number.} 408 N. Caroline st

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 1st 1830

AGE: 77 years, 11 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Price

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Carbon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Magness

(Address) 409 N. Caroline st

Filed 12/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 18th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 18 1907 to Dec. 18th 1907

that I last saw him alive on Dec 17 1907;

and that death occurred, on the date stated above, at 7.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Howard C Silver M.D.

Address 1914 Ballon St.

Date Dec. 18th 1907

Place of Burial Clayton Station Md

Date DEC 21 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 7483 Registered No. B C 7483

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 60 Brick Hill. West Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edgar. Nicholas. Madairy.

{ Residence, if in Baltimore, Give Street and Number. } 60 Brick Hill.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 12th 1900

AGE 7 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Albert. C. Madairy.

BIRTHPLACE OF FATHER (State or country) Balto. Co. Md

MAIDEN NAME OF MOTHER Mary. Willhelm

BIRTHPLACE OF MOTHER (State or country) Balto. Co. Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert. C. Madairy.

(Address) 60 Brick Hill

Filed 12/19 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 18 1907 that I last saw him alive on Dec 17 1907 and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 6 DAYS

Contributory (Primary) Pneumonia (DURATION) 6 DAYS

(Signed) W. A Fair M.D.

Address 17 E 20th

Date Dec 18-1907. 190

Place of Burial St. Mary's. Hampden

Date December 20th 1907

Undertaker Wm. E. Chenoweth & Son

Address 919- 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 7484 Registered No. B 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aline Stansbury

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH March 20, 1907

AGE ..... years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S—

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Preston Hanley

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Marion Stansbury

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother Mary Mildred

(Address) 317 St. Paul Street

Filed 12/20" 1907 HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1907 to Dec. 18 1907 that I last saw her alive on Dec. 18 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 8 DAYS

Contributory (Primary.) Measles (DURATION) 21 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Dec. 19, 1907

Place of Burial Cathedral Cemetery

Date December 20th 1907

Undertaker Felix B. Pye.

Address 112 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7485 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2019 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Gibmeyer

{ Residence, if in Baltimore, Give Street and Number. } 2019 Canton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 9½ 1887

AGE: 20 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John F. Gibmeyer

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Agnes Schultz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Schlady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Gibmeyer

(Address) 2019 Canton Ave.

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 17 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov - 12 1907 to Dec 17 1907 that I last saw her alive on " 16 1907 and that death occurred, on the date stated above, at 3 - 45 p - M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 Mos - (DURATION) - DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Burne Bonner M.D.

Address 125 Druid Hill Ave

Date Dec 18/07 1907

Place of Burial Holy Redeemer Cem.

Date Dec. 20½ 1907

Undertaker Germanus Thanz

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7486

City of Baltimore, (No. X 3 E Lexington St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary L Posey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb (Month) 1 (Day) 1856 (Year)

AGE: 51 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: James P Harkum

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary L Shuler

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T D Posey

(Address) 3 E Lexington St

Filed 12/20 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1905 to Dec 17 1907

that I last saw her alive on Dec 10 1907,

and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory Phthisis Pulmonalis

(DURATION) DAYS

(Signed) M E Douglass M. D.

Dec 17 1907 (Address) 5 W. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Linden Park Co.

DATE OF BURIAL: 12/20 1907

UNDERTAKER: J Henry Jr

ADDRESS: 2008 Orleans St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7487 Registered

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hammond

{ Residence, if in Baltimore, Give Street and Number. } 1109 Little Wilson St

Duration of Residence in Baltimore. Sixteen Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Eastern Shore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/20 1907

HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Dec 17 1907 that I last saw him alive on Dec 17 1907, and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 3 DAYS

Contributory (Primary) Oedema

Brain (DURATION) 7 DAYS

(Signed) Wm Downey M.D.

Address Bay View Asylum

Date Dec 18 1907

Place of Burial Mt Auburn

Date Dec 21 1907

Undertaker Jno H. Toadvine

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

10

Registered No. B C 7489

City of Baltimore, (No. 1914 W Lafe St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma Lucile Armiger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 18 (Day) 1907 Year

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 1914 W Lafe St

FULL NAME OF FATHER: Chas W Armiger

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Carrie Donahue

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. W. Armiger

(Address) 1914 W Lafe St

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1907 to Dec 18th 1907

that I last saw her alive on Dec 17th 1907,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

La Grippe

(DURATION) 4 DAYS

Contributory —— (DURATION) —— DAYS

(Signed) Robert L. Montgomery M. D.

Dec 18 1907 (Address) 1251 Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence —— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ——

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 20 1907

UNDERTAKER: Geo. Bruce — ADDRESS: 594 Biddle St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7488 Registered No. B [illegible] 65

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 Bayard ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Wilson

{Residence, if in Baltimore, Give Street and Number.} 613 Bayard ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 25 years, 7 mon'ths, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Wilson

(Address) 613 Bayard ave

Filed 12/20 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1907

I HEREBY CERTIFY, That I attended deceased from an Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

Heart failure (DURATION) DAYS

(Signed) B Martin M.D.

Address

Date Dec 19 1907

Place of Burial Mt Auburn

Date Dec. 20 1907

Undertaker Jno H Treadwell

Address 742 Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and date of death.** deceased, and the **cause and condition** (whether married or single) of the person

Ward 8 C 7490 Registered No. B [illegible] 19 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 N. Bradford St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Francis Morando

{ Residence, if in Baltimore, Give Street and Number. } 1113 N. Bradford St.

Duration of Residence in Baltimore. Sixteen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 9th, 1907

AGE: ..... years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Morando

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Anna Price

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Morando

(Address) 1113 N Bradford St.

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1907 to December 19th 1907

that I last saw her alive on 1907,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia following

Tonsilitis from infection

(DURATION) 4 DAYS

Contributory (Primary.) Tonsilitis

(DURATION) 3 DAYS

(Signed) Albert J. Pingpank M.D.

Address 1202 N. Patterson Park Ave.

Date December 19th, 1907

Place of Burial St Vincents Cemetery

Date Dec 20 1907

Undertaker Geo Nossek

Address 1442 N Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7491 Registered No. B ..... C 7491

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ward

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1907 to Dec 7 1907 that I last saw him alive on Dec 19 1907 and that death occurred, on the date stated above, at 12 m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 19 1907

Place of Burial St Peters R.C Cemetery

Date Dec 21st 1907

Undertaker Edward A Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death.*** of the person deceased, and the

Ward 6 C 7492 Registered No. B C 7492

931

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 St Joseph St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Cannon

{Residence, if in Baltimore, Give Street and Number.} 1635 St Joseph St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE ~~1~~ years, 3 months, ~~1~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm Cains

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eva Seaman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Seaman

(Address) 1635 St Joseph St

Filed 12/20 1907

HENRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1907

I HEREBY CERTIFY, That I attended deceased from

~~Dec~~ 1907 to Dec 1907

that I last saw h~~im~~ alive on ~~Dec~~ 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Geo R Carruthers M.D.

Address Coroners Office

Date Dec 18 1907

Place of Burial Laurel Cemetery

Date Dec 20 1907

Undertaker R A Elliott

Address 506 Poyer

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

15 HEALTH DEPARTMENT, CITY OF BALTIMORE. 9 L

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7493

City of Baltimore, (No. 145 N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: Colored
DATE OF BIRTH: Oct (Month) 11 (Day) 1907 (Year)	
AGE: ..... years, 2 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): 1730 Friendsbury pc.	
FULL NAME OF FATHER: Edward Jones	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Irene Young	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Jones

(Address) 14 N. N. Mount st.

Filed 12 20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 18 1907 that I last saw h in alive on Dec 18 1907, and that death occurred, on the date stated above, at 2 30 P. M. The CAUSE OF DEATH was as follows:

Whooping Cough

(DURATION) 22 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) C. Staniepher M. D.

Dec. 19 1907 (Address) 165 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec 20 1907
UNDERTAKER	ADDRESS
Chas J. Johnson	614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 7494 Registered No. B C 7494

CERTIFICATE OF DEATH.

114 V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lula Hickman

{Residence, if in Baltimore, Give Street and Number.} 913 North Stricker St

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 17th 1859

AGE 48 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Nathanael Hickman

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Margaret S. Floyd

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Hickman

(Address) 913 N. Stricker

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1907

I HEREBY CERTIFY, That I attended deceased from 12/11 1907 to 12/18 1907

that I last saw h[illegible] alive on 12/18 1907 [illegible]

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Primary Pneumonia

(DURATION) DAYS

Contributory (Primary.) Cholecystitis

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date 12/18 1907

Place of Burial Greenmount

Date Dec 20th 1907

Undertaker Gov. Waters

Address 1155 N. Calvert

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7A C 7495 Registered No. B ....

1041

CERTIFICATE OF DEATH.

(Place of Death.) No. 1061 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Curtaini

{Residence, if in Baltimore, Give Street and Number.} 1061 Myrtle Ave.

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ....1....

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Thomas Curtaini

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J F Byrne

(Address) 134 N Strieker

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19. 1907.

I HEREBY CERTIFY, That I attended deceased from Dec 19. 1907 to Dec 19 1907

that I last saw her alive on Dec 19 1907

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) 1 DAYS

(Signed) Geo. W. Hemmick M.D.

Address 800 Harlem Ave.

Date Dec 20. 1907

Place of Burial Green Mt Cem.

Date Dec 20 1907

Undertaker Edward E Kayn

Address 802 Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C7496 C 7496 Registered No. B 66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Lamley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotta Lewis

{Residence, if in Baltimore, Give Street and Number.} 2003 Lamley St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	Col.
DATE OF BIRTH	Not known 1
AGE	37 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	A A Co Md
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Mary Brown
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Stewart

(Address) 2003 Lamley St

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 / 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 18 1907

that I last saw h alive on Dec 15 / 1907,

and that death occurred, on the date stated above, at 4.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

1 Year (DURATION) DAYS

Contributory (Primary.) asthenia

5 days (DURATION) DAYS

(Signed) A.T. Rogers M.D.

Address 1904 E. Fayette St

Date Dec 20 / 1907

Place of Burial Woodlawn C

Date Dec 21st 1907

Undertaker Thos. Phillips

Address 131 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7497 Registered No. B 7197

CERTIFICATE OF DEATH.

(Place of Death.) No. 1519 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Dipes,

{Residence, if in Baltimore, Give Street and Number.} 1519 W. Baltimore, St.

Duration of Residence in Baltimore. 17 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 3 1852

AGE: 55 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Peter Gibbs

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Joerdens

(Address) 217 S. Poca St

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18, 1907

I HEREBY CERTIFY, That I attended deceased from July 1, 1907 to December 18, 1907 that I last saw h alive on December 14, 1907 and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

I (DURATION) 7 DAYS

Contributory (Primary) Dilatation of Heart (DURATION) 5 months

(Signed) Albert J. Chambers M.D.

Address 614 S. Race St

Date Dec. 19, 1907

Place of Burial Loudon Park Cy

Date December 21 1907

Undertaker Jos. Joerdens, Son

Address 217 S. Poca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C7498 Registered No. B 7498

33 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2513 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred Gilbert Shortt (S V)

{Residence, if in Baltimore, Give Street and Number.} 2513 Barclay

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 20 th 1889

AGE 18 years, 0 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Alfred G. Shortt

BIRTHPLACE OF FATHER (State or country) Devonshire England

MAIDEN NAME OF MOTHER Lora G. Kelley

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Shortt

(Address) 2513 Barclay St

Filed 12/20 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 7th 1907 to Dec. 18 1907

that I last saw h[illegible] alive on Dec. 18 1907.

and that death occurred, on the date stated above, at 2.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

3 months (DURATION) DAYS

Contributory (Primary) Bone tuberculosis

11 Months (DURATION) 11 DAYS

(Signed) John D. Kuhn M.D.

Address 428 Gorsuch Ave

Date Dec. 18 1907

Place of Burial Balto Cemetery

Date Dec 20 1907

Undertaker E. G. Winfield

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAL

Ward 3rd C 7499 Registered No. B C 7499

CERTIFICATE OF DEATH.

951

(Place of Death.) No. 234 S. Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. F. Cooper

{Residence, if in Baltimore, Give Street and Number.} 234 S. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 4 1907

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas. F. Hooper

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dora Morris

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Hooper

(Address) 23K S. Bond St.

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19th 1907 to same 1907 that I last saw h in alive on Dec. 19th 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Bond St

Date Dec. 19th 1907

Place of Burial Baltimore Cemetery

Date Dec. 20th 1907

Undertaker H. SANDER & SONS,

Address 1703-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7500 Registered No. B C 7500

93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Tawson

{Residence, if in Baltimore, Give Street and Number.} 647 George St

Duration of Residence in Baltimore 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George W Tawson

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Annie Thompson

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Draymen

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

Address 1332 Presstman St

Filed 12/20 190 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19-07 190

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Dec 19 1907 that I last saw h im alive on Dec 19 1907, and that death occurred, on the date stated above, at 1:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Heart

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Wilbur M Magruder M.D.

Address University Hospital

Date Dec 20. 1907. 190

Place of Burial Mt Auburn

Date December 21 190 7

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C 7501 Registered No. B C 7501

CERTIFICATE OF DEATH.

271

(Place of Death.) No. 502 Cathedral St. St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Louisa Fleming Flinn

{ Residence, if in Baltimore, Give Street and Number. } Birmingham, Alabama

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. 12th 1848

AGE: 59 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Robert Adger

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Jane Elija Fleming

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harris E. Kirk

(Address) 502 Cathedral St.

Filed 12/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 20 1907

that I last saw her alive on Dec 20 1907

and that death occurred, on the date stated above, at 1.45 a m.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) 3 years

(Signed) H. Warren Buckler M.D.

Address 806 Cathedral St

Date Dec 20 1907

Place of Burial Charleston S.C.

Date Dec 20th 1907

Undertaker H. W. Jenkins Sons Co

Address 300 Madison St or Norwood

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

KODAK SAFETY FILM

Ward 17

C 7502 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2117 N. Charles St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thorndike Chase

{Residence, if in Baltimore, Give Street and Number.} 2117 N. Charles St

Duration of Residence in Baltimore. 57 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 2 1850
AGE	57 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Thorndike Chase
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Clementina G. Donell
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. G. Chase

(Address) Mail Atlantic Ave - Balto

Filed 12/20 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decmbr 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1907 to Dec 19 1907 that I last saw him alive on Dec. 19 1907, and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) 5 DAYS

Contributory (Primary.) Fibroid Phthisis - several years

(DURATION) DAYS

(Signed) Walton Bolgiano M.D.

Address 2020 N. Charles St.

Date Baltimore, Dec 19th 1907

Place of Burial Greenmount Cem

Date Dec 21st 1907

Undertaker Henderson Bros Co

Address 308 W Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 7 C 7504 Registered No. B C 7504

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Wilkerson

{Residence, if in Baltimore, Give Street and Number.} 537 Mc Henry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 17 - 1907

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James W Wilkerson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Quinn

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Wilkerson

(Address) 537 Mc Henry

Filed 12/20 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Dec 19 1907

that I last saw him alive on Dec 19 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Crumpton M.D.

Address 517 Lombard

Date Dec 20 1907

Place of Burial New Cathedral

Date Dec 20 1907

Undertaker J. J. Dickerson & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7503 Registered No. B C 7503

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bickler-Sellman Sanatorium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johnanna Hollins.

{Residence, if in Baltimore, Give Street and Number.} 2213 Madison Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ——— 1

AGE: 50 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: William Hollins

BIRTHPLACE OF FATHER (State or country): Balto,

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rida Mercee

(Address) 2213 Madison ave

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19, 1907.

I HEREBY CERTIFY, That I attended deceased from July 9, 1907 to Dec 19 1907 that I last saw h er alive on 12/19 1907, and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis.

Ind Finite (DURATION) —— DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. W. Dr Hoff M.D.

Address 2203 N. Charles St.

Date December 19, 1907.

Place of Burial Baltimore Cem.

Date Dec 21st 1907 1907

Undertaker H. B. Jenkins Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 7505 Registered No. B C 7505

C 7505

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1019 S. Paca St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha E. Seabrease.

{Residence, if in Baltimore, Give Street and Number.} 1019 S. Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 16 1872

AGE 35 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thomas Lancaster

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Martha Pennington

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Seabrease

(Address) 1019 S. Paca St.

Filed 12/20 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19. 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Dec 19 1907

that I last saw her alive on Dec 18 1907

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Phthisis Pulmonalis (DURATION) DAYS

(Signed) J. M. Lumpkin M. D.

Address 602 S. Paca St.

Date Dec 20 1907

Place of Burial Loudon Park

Date Dec 21 1907

Undertaker H. J. Tuckner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

191

CERTIFICATE OF DEATH.

Registered No. BC 7506

City of Baltimore, (No. 1343 Myrtle ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Lucy Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 20 (Day) 1907 (Year)

AGE: 16 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single—

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Robt. R. R. Richardson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Laura V. Jackson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Laura V. Richardson

(Address) 1343 Myrtle ave.

Filed 12/20 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 2, 1907 to Dec 19, 1907 that I last saw h er alive on Dec. 18, 1907, and that death occurred, on the date stated above, at 6.30 P.M. The CAUSE OF DEATH was as follows:

Valvular disease of heart—
Mutral Insufficiency

Immediate Cause: General Ascites (DURATION) DAYS

Contributory (?). (DURATION) DAYS

(Signed) Wm. M. Pannebaker M. D.

Dec 19, 1907 (Address) 209 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem | DATE OF BURIAL: Dec 21 1907

UNDERTAKER: W. J. Tickner & Son | ADDRESS: 423 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 7507 Registered No. B ..... C 7507

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Duffy

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N.Y.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 17 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 12 1907 to Dec 17 1907 that I last saw h[im] alive on Dec 7 1907, and that death occurred, on the date stated above, at 1135 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Endo-Carditis

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 17 1907

Place of Burial Sacred Heart

Date Dec. 20" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7508 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Nicolas Brehm

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1848

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Brehm

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Maria Aurant

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Cleary

(Address) Preston & Valley sts

Filed 12/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec: 20 1907

I HEREBY CERTIFY, That I attended deceased from To record 190 to 190

that I last saw him alive on Dec 19 1907

and that death occurred, on the date stated above, at 12.25

25 a M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 4 DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Dec 20 1907

Place of Burial Holy Cross

Date Dec: 21 1907

Undertaker Henry C Widefield

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

931

CERTIFICATE OF DEATH.

Registered No. B C 7509

City of Baltimore, (No. 1708 Ashland ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Jenkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 19 (Day) 1907 (Year)

AGE: 72 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William T Sarah E. Rogers

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sarah E,

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George J. Jenkins

(Address) 1708 Ashland Avenue

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 19th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1907 to Dec 19th 1907 that I last saw h[illegible] alive on Dec 19th 1907, and that death occurred, on the date stated above, at 3 P M. The CAUSE OF DEATH was as follows:

Acute Pneumonia.
Results of Coed

(DURATION) 2 DAYS

Contributory Coed

(DURATION) 2 DAYS

(Signed) Alex Wotherspoon M. D.

12-19- 1907 (Address) 25 W Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery | DATE OF BURIAL: Dec 22 1907

UNDERTAKER: Louis Sherman | ADDRESS: 22 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7510

Registered No. B.....

City of Baltimore, (No. 415 S. Exeter St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose Fratta

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 18th (Day) 1907 (Year)

AGE: 0 years, 0 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Theodore Fratta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Erminia Porcas

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Fratta

(Address) 418 S. Exeter St

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 20th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 18th 1907 to Dec. 20th 1907 that I last saw h.. alive on Dec. 20th 1907, and that death occurred, on the date stated above, at 2.30 a. m. The CAUSE OF DEATH was as follows:

Congenital heart disease

(DURATION) 2 DAYS

Contributory

(DURATION) DAYS

(Signed) C. Palmisano M. D.

Dec. 20th 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Vincent Cem.

DATE OF BURIAL: Dec. 20 1907

UNDERTAKER: Wm. G. Black

ADDRESS: 223 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 7511 Registered No. B C 7511

11 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 W. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah W. Gross

{ Residence, if in Baltimore, Give Street and Number. } 824 Tyson St.

Duration of Residence in Baltimore. Forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colard

DATE OF BIRTH ... 1 ...

AGE 63 years, ... months, ... days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Talbot Co

FULL NAME OF FATHER Georg Miller

BIRTHPLACE OF FATHER (State or country) Cambridge Md

MAIDEN NAME OF MOTHER Rebecka Bryan

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED Chambermaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rhoda Banks

(Address) 824 Tyson St

Filed 12/20 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1907 to Dec 18th 1907

that I last saw h alive on Dec 18th 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) ... DAYS

Contributory (Primary.) Organic Disease of Heart

(DURATION) ... DAYS

(Signed) W. Wilson M.D.

Address 1220 E. Fayette St

Date Dec 18th 1907

Place of Burial Mt Auburn Cem

Date Dec 21 1907

Undertaker John H Owens & Son

Address 1222 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

934

CERTIFICATE OF DEATH.

Registered No. B C 7512

City of Baltimore, (No. Annie May Hall St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
address # 9 Wilson St. (Humpden)
FULL NAME

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: March 13 1907 (Month) (Day) (Year)
AGE: ..... years, 9 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): Balto City
FULL NAME OF FATHER: —
BIRTHPLACE OF FATHER (State or country): —
MAIDEN NAME OF MOTHER: Katie Hale
BIRTHPLACE OF MOTHER (State or country): Balto Co
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Katie Hale
(Address) 9. Wilson St

Filed 12/20 1907

HARRY O. ARDNERS.
Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 20 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 20 1907
that I last saw h er alive on Dec 20 1907,
and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 6 DAYS

Contributory —

(DURATION) — DAYS

(Signed) O K Swartz M. D.

Dec 20 1907 (Address) O K Swartz

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Marys Hampden
DATE OF BURIAL: Dec 22 1907
UNDERTAKER: Wm E Chenoweth & Son
ADDRESS: 919 3rd Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case c ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

of Vital Statistics in the City of Baltimore.

shall die in the said city it shall be the duty of case comes under his notice, to furnish within ial, a certificate setting forth, as far as the same

Ward 23 C 7513 Registered No. B C 7513 2 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 423 E Hamburg St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E Sumwalt. Sumwalt

{Residence, if in Baltimore, Give Street and Number.} 423 E Hamburg St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 29th 1829

AGE: 78 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Hesche

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schaub

BIRTHPLACE OF MOTHER (State or country): Boston Mass

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Thomas Daughty

(Address) 4235 Hamburg St

Filed 12/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6-8 1907 to Dec 18th 1907 that I last saw h alive on Dec 18 1907, and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

apoplexy

(DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) 3 DAYS

(Signed) Thos J O'Donnell M.D.

Address 1340 St Charles St

Date Dec 19th 1907

Place of Burial LOUDON PARK

Date DEC 23 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7514 Registered No. B C 7514

6/V

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Askew.

Ahoskie N.C.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH 1

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin Sq Hospital

(Address)

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1907 to Dec 19th 1907 that I last saw him alive on " 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Immediate Cause Chronic Meningitis.

(DURATION) 16 DAYS.

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D. Per J.P. Strong Med Supt.

Address

Date Dec 19th 1907

Place of Burial Ahoskie N.C.

Date DEC 20 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 7515 Registered No. B C 7515

108 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Millmon E. Stewart

{Residence, if in Baltimore, Give Street and Number.} Care Rockville Md

Duration of Residence in Baltimore. 2 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto County

FULL NAME OF FATHER E. C. Stewart

BIRTHPLACE OF FATHER (State or country) not Know

MAIDEN NAME OF MOTHER Edwards.

BIRTHPLACE OF MOTHER (State or country) Did

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Krapf

(Address) Rockville Md

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1907 to Dec 20th 1907 that I last saw him alive on Dec 20th 1907, and that death occurred, on the date stated above, at 9.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy of Heart

(DURATION) 3 DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) 2 weeks.

(Signed) G W Billups M.D.

Address ~~Rockville~~ University Hospital

Date Dec 20 1907

Place of Burial Rockville Md

Date Dec 22 1907

Undertaker W C Brooke

Address Philadelphia Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7516 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 Butler Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Chester 6.

{ Residence, if in Baltimore, Give Street and Number. } 829 Butler Ave

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Dorchester Co Md.

FULL NAME OF FATHER: Webster Chester

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Mary Bishop

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Chester Uncle

(Address) 829 Butler Ave

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.
Coroner

Address .....

Date Dec 20 1907

Place of Burial Cambridge Md

Date DEC 21st 1907

Undertaker G. L. Brown and Son

Address 108 W. Montgomery St

Maryland Landing Cambridge Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7517 Registered No. B C 7517

90 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora E Knestland

{Residence, if in Baltimore, Give Street and Number.} 1807 Orleans st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Nov. 22 1907

AGE ..... years, ... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER George Knestland

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Dora King

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Knestland

(Address) 1807 Orleans st

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1907 to Dec. 20 1907 that I last saw her alive on Dec 19, 1907, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary) Bronchitis

unknown (DURATION) DAYS

(Signed) E B Britton M.D.

Address 1711 E Baltimore st

Date Dec. 20th 1907

Place of Burial ~~Greenly~~ Cem.

Date Dec. 22 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7518 Registered No. B C 7518

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Henry Williams

{Residence, if in Baltimore, Give Street and Number.} Warren, N C.

Duration of Residence in Baltimore. Seven mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: —

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): N C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Oysterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital

(Address)

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14, 1907

I HEREBY CERTIFY, That I attended deceased from Consumption Dec 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Tuberculosis of lungs and kidneys (DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St

Date Dec. 19. 1907

Place of Burial JOHNS HOPKINS HOSPITAL DEC 20 1907

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 7519 — 7315 — 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicholas Robinson

{Residence, if in Baltimore, Give Street and Number.} Balto Co

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Enoch Robinson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jeanette Robinson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Pryler

(Address) Md Penitentiary

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 15 1907

that I last saw h— alive on Dec 15 1907

and that death occurred, on the date stated above, at 11 1/2 5 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Long M.D.

Address 180 N Charles St

Date Dec 16 1907

Place of Burial JOHNS HOPKINS HOSPITAL

DEC 20 1907

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

275

Ward 20 C 7520 Registered No. B C 7520

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 N Pulaski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Louisa Haas.

{Residence, if in Baltimore, Give Street and Number.} 26 N Pulaski St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 23rd 1906

AGE 1 year, months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Edwin V Haas

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Louisa B Schlecht

BIRTHPLACE OF MOTHER (State or country) Washington DC

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin V Haas.

(Address) 26 N Pulaski St

Filed 12/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12. 19 1907

I HEREBY CERTIFY, That I attended deceased from 12. 18. 1907 to 12. 19 1907

that I last saw her alive on 12. 19 1907

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion Lungs

Convulsions

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Joseph V Hart M.D.

Address 1901 N. Fayette St.

Date 12. 19 1907

Place of Burial London Park Cemetery

Date DECEMBER 21st 1907

Undertaker George A Gerber

Address 14 S. Pulaski St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7521 Registered No. B C 7521

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Juik

{Residence, if in Baltimore, Give Street and Number.} 1608 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 22nd 1907

AGE ..... years, 6 mont's, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph Juik

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Pauline Jakubowska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Juik

(Address) 1608 Eastern Ave.

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1907 to Dec. 20th 1907 that I last saw h er alive on Dec. 19th 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Con tributory (Primary.) Same

(DURATION) DAYS

(Signed) Jacob L. Winner M.D.

Address 1733 Bank St.

Date Dec 20th 1907

Place of Burial St Stanislaus

Date Dec 22 1907

Undertaker M F Dudrowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7522 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 Covington Street (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan A. Nolan.

{Residence, if in Baltimore, Give Street and Number.} 1409 Covington St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH July 29. 1853

AGE 54 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John McCullough.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Macken

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Mig wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Plunkett

(Address) Sister

Filed 12/20 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18 1907

I HEREBY CERTIFY, That I attended deceased from 12/9 1907 to 12/18 1907 that I last saw h[illegible] alive on 12/8 1907 and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. J. Turlington M.D.

Address 102 E Fort ave

Date 12/19 1907

Place of Burial Cathedral Cem.

Date Dec 21. 1907.

Undertaker Daniel aug M. S. Flynn

Address 42. E. West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7523 Registered No. B C 7523

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Culley.

{Residence, if in Baltimore, Give Street and Number.} Rock Hall Md.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 1858

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Kent Co

FULL NAME OF FATHER: James Culley

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Mary C Shriver

BIRTHPLACE OF MOTHER (State or country): Kent Co

OCCUPATION OF DECEASED: Waterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence C Culley

(Address) Rock Hall

Filed 12/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-19- 1907

I HEREBY CERTIFY, That I attended deceased from 12-11 1907 to 12-19 1907 that I last saw him alive on 12-19 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Lungs.

(DURATION) DAYS

Contributory (Primary.) Pernicious Anaemia (DURATION) DAYS

(Signed) W. W. Bamm M.D.

Address Md. General Hosp.

Date Dec. 19, 1907

Place of Burial Rock Hall Kent Co

Date Dec 21 1907

Undertaker Wilbur W Shriver

Address 316 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7524

City of Baltimore, (No. 936 N. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME. Frederick W. Georgii

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 12 (Day) 1823 (Year)

AGE: 84 years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Joseph Georgii

BIRTHPLACE OF FATHER (State or country): Gumany.

MAIDEN NAME OF MOTHER: Margaret Hausel

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Liquor Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Georgii

(Address) 936 N. Gay St.

Filed 12/21 1907 HENRY C. ANDREAE, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1907 to Dec 18th 1907

that I last saw h 2in alive on Dec 18th 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. C. Feloner M. D.

Dec 19th 1907 (Address) 150 E. Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lauden Park

DATE OF BURIAL: Dec. 22 1907

UNDERTAKER: A. Steinhardt Son

ADDRESS: 913 N. Gay

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 7525 Registered No. B 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Henrietta Hauke.

{Residence, if in Baltimore, Give Street and Number.} 1612 N Chester

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH June 11th 1885 ~~1887~~

AGE 22 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER August Baker.

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margt. McGuire

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Hauke

(Address) 1612 N Chester

Filed 12/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to Dec 18 1907

that I last saw h alive on Dec 18 1907,

and that death occurred, on the date stated above, at 9.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) 1 DAYS

Contributory (Primary.) Tuberculosis.

(DURATION) DAYS

(Signed) G. Thurst M.D.

Address 1419 E Eager St

Date Dec 18th 1907

Place of Burial Baltimore Cem.

Date Dec. 21st 1907

Undertaker A. Fink & Son

Address 715 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 7526 C7526 Registered No. B 151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 S Ann St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jasalia Kowalska

{Residence, if in Baltimore, Give Street and Number.} 225 S. Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 18 1907

AGE — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Kowalski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Anna Gloinska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kowalski

(Address) 225 S. Ann St

Filed 12/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 20 1907 that I last saw h[illegible] alive on Dec 20 1907, and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Weakness

(DURATION) 1 DAYS

Contributory (Primary.) Premature Birth

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 161 Broadway

Date Dec 20 1907

Place of Burial St Stanislaus

Date Dec 20 1907

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C7527 Registered No. B C7527 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 N. Carrollton ave - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alice V. Engelman

{Residence, if in Baltimore, Give Street and Number.} 110 N. Carrollton ave.

Duration of Residence in Baltimore. 4yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: William Malloy

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: May "

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 N Lombard St

Filed 12/21 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 14 1907 to Dec 19 1907

that I last saw h[illegible] alive on Dec 19 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Con'tributory (Primary) Cardiac Asthenia

(DURATION) 1 DAYs

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date Dec 19- 1907

Place of Burial London Park

Date Dec 22nd 1907

Undertaker John Fields

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7528 Registered No. B C 7528

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. W. Ludwig

{Residence, if in Baltimore, Give Street and Number.} 865 Ramsay St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Ludwig

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Louisa Ellenkamp

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Shirt Ironer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard st

Filed 12/21 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-20 1907

I HEREBY CERTIFY, That I attended deceased from 12-15-, 1907 to 12-20 1907 that I last saw h[illegible] alive on 12-20 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of Intestines.

(DURATION) 5 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) W. W. Bowen M.D.

Address Maryland General Hosp.

Date 12-20- 1907

Place of Burial Loudon Park

Date Dec 23rd 1907

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7529 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 144 Randall St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jane Kate

{Residence, if in Baltimore, Give Street and Number.} 144 Randall

Duration of Residence in Baltimore. 8 yrs,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 29th 1822

AGE: 84 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Widowed~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard D. Wheeler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Dorothy Emma

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Dr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno H Handel

(Address) 14 W. Randall St

Filed 12/21 190 7

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 18th 1907 190

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Dec 18th 1907

that I last saw her alive on Dec 18th 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1425 Light St

Date Dec 20th 1907 190

Place of Burial Elkridge Md

Date DEC 21 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 7530 Registered No. B 1114

CERTIFICATE OF DEATH.

C 7530

(Place of Death.) No. 418 Gorsuch ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Thomas H. Carter

{Residence, if in Baltimore, Give Street and Number.} 418 Gorsuch ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 4 th 1848

AGE 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Nelson Carter

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Anna Meighan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Estha Jos Carter

(Address) 418 Gorsuch ave

Filed 12/21 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1907 to Dec. 20th 1907

that I last saw h— alive on Dec. 19th 1907

and that death occurred, on the date stated above, at 5.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

1 month (DURATION) — DAYS

Contributory (Primary.) Chronic parenchymatous Nephritis 2 years (DURATION) — DAYS

(Signed) John D. Kuhn M.D.

Address 428 Gorsuch ave

Date Dec. 20 th 1907

Place of Burial St. Johns Waverly

Date Dec 23 1907

Undertaker Wm Cook

Address 1502 E. Hoffman ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 7531 C7531 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 E. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Wurster

{Residence, if in Baltimore, Give Street and Number.} 105 E. Hamburg st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 30 1855

AGE 52 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Wurster

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christina Wrieke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Wurster

(Address) 105 E. Hamburg

Filed 12/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 18 1907

that I last saw h[illegible] alive on Dec 18 1907,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. Bruce M.D.

Address 13 Hanover

Date Dec 19 1907

Place of Burial Balto Cemetery

Date Dec 21 1907

Undertaker F. A. Kranse & Bro

Address 712 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 7532 Registered No. B C 7532

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1405 E Eager St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Emma Mardaga

{Residence, if in Baltimore, Give Street and Number.} 1405 E Eager St

Duration of Residence in Baltimore. Whole Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 21st 1875

AGE 32 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Ferdinand Mardaga

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christina Prillar

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Gladney

(Address) 1405 E. Eager St.

Filed 12/21 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 20 1907

that I last saw h.. alive on Dec 20 1907

and that death occurred, on the date stated above, at 12-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma of 15 years

Immediate

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles St

Date Dec 20-07. 1907

Place of Burial New Cathedral Cemetery

Date Dec. 23 cd 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FILM

Ward 7 C 7533 Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Dover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Jones

{ Residence, if in Baltimore, Give Street and Number. } 710 Dover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jones

(Address) 710 Dover St

Filed 12/21 190 7

HARRY O. ANDREWS, PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 190 7

I HEREBY CERTIFY, That I attended deceased from Dec 19 190 7 to Dec 19 190 7

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R. Marley M.D.

Address

Date Dec 20 190 7

Place of Burial Mt Auburn St

Date Dec 21st 190 7

Undertaker H. L. Brown & Son

Address 108 W. Monument

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7534 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 763 W. Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Spencer

{Residence, if in Baltimore, Give Street and Number.} 763 W. Dover

Duration of Residence in Baltimore. Five Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Oct 25 1874

AGE 33 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Henry Lipscomb

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Melinda

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L Spencer

(Address) 763 W. Dover St

Filed 12/21 1907 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 19 1907

that I last saw her alive on Dec 19 1907,

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

5 mos (DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Caroline B. Towles M.D.

Address Evening Dispensary Physician or

Date December 19 1907

Place of Burial Mt Auburn Cem

Date Dec. 21 1907

Undertaker C. L. Brown and Son

Address 105 N Monument St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7535 Registered No. B C 7535.

93L

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 N. York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Branch.

{ Residence, if in Baltimore, Give Street and Number. } 9 N. York St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Charles Branch

BIRTHPLACE OF FATHER (State or country): N C

MAIDEN NAME OF MOTHER: Ethel Hamilton

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ethel Branch

(Address) 9 N York st

Filed 12/21/ 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 20 1907

that I last saw h[illegible] alive on Dec 19 1907

and that death occurred, on the date stated above, at 6 40

11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Edward Smith M.D.

Address 228 Hanover St

Date Dec 20 1907

Place of Burial Mt Auburn Cem

Date Dec 21st 1907

Undertaker G. L. Brown & Son

Address 1022 Montgomery St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7536 Registered No. B C 7536

CERTIFICATE OF DEATH.

(Place of Death.) No. 1136 Kirk St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W. Fennick

{ Residence, if in Baltimore, Give Street and Number. } 1136 Kirk St.

Duration of Residence in Baltimore. 15 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Sept. 3 1906

AGE: 1 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Washington Fennick

BIRTHPLACE OF FATHER (State or country): Charles Co. Md.

MAIDEN NAME OF MOTHER: Lily E. Stepney

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lily Fennick (mother)

(Address) 1136 Kirk St.

Filed 12/21 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1907 to 190

that I last saw him alive on Dec. 16 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma,
has had asthmatic attacks all his life

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. A. Wales M.D.

Address 1711 Madison Ave,

Date Dec. 20 1907

Place of Burial Mt Auburn

Date Dec 22 1907

Undertaker Alex Hornsby & Sons

Address 874 N Bickett St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5. C 7537 Registered No. B C 7537

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wolf Jacobs.

{Residence, if in Baltimore, Give Street and Number.} 1119 E. Fayette St. Balto.

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white.

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: Jacob Jacobs.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Bertie Dzorskie

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: Hebrew Rabbi.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Jacobs

(Address) 1119 E. Fayette St

Filed 12/21 1907 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1907 to Dec 20 1907 that I last saw him alive on Dec. 20 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

(DURATION) 6 DAYS

Contributory (Primary.) Pulmonary Oedema

Acute Nephritis, (DURATION) 2 DAYS

(Signed) David J. Macht M.D.

Address 1511 Madison Ave.

Date Dec. 20 1907

Place of Burial Bolton Hill Cem

Date Dec 22, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7538 Registered No. B

CERTIFICATE OF DEATH.

9 2 v

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Joseph Anderson

{Residence, if in Baltimore, Give Street and Number.} 510 N. Caroline St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1869

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas Anderson

BIRTHPLACE OF FATHER (State or country): Eastern Shore Md

MAIDEN NAME OF MOTHER: Mary Briscoe

BIRTHPLACE OF MOTHER (State or country): Eastern Shore Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Harris

(Address) 510 N. Caroline st

Filed 12/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 20 1907

that I last saw h[illegible] alive on Dec 20 1907

and that death occurred, on the date stated above, at 9 50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ernest K. Culbert M.D.

Address Johns Hopkins Hosp

Date December 20 1907

Place of Burial Laurel Cemetery

Date Dec 21st 1907

Undertaker Chas. G. Bailey

Address 1421 Jefferson st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 7539 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2201 Christian St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Holden

{ Residence, if in Baltimore, Give Street and Number. } 2201 Christian St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Wh

DATE OF BIRTH Sept 15 1866

AGE 41 years, 2 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Mathew Shark

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Jennie Charlton

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos A. Holden

(Address) 2201 Christian

Filed 12/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20, 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Dec. 20 1907 that I last saw her alive on Dec. 19 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 30 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) 365 DAYS

(Signed) N. Wolman M.D.

Address 129 N. Broadway

Date Dec. 20, 1907

Place of Burial Pleasant Ridge Tullytown Pa.

Date December 22 1907

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 7540 Registered No. B C 7540

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Hospital for Women & Lying-in Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Lavinia Briner

{ Residence, if in Baltimore, Give Street and Number. } 807 Strieker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert Briner

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Lavinia Paterson

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Quigley

(Address) 111 N Charles St

Filed 12/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1907 to Dec. 20 1907 that I last saw her alive on Dec 19 1907 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 2 DA

Contributory (Primary.) Malnutrition Probably

(DURATION) 2 mo DA

(Signed) H. J. Wallace M.

Address 1631 Park Ave

Date Dec 20 1907

Place of Burial Greenmount Cem

Date December 22 190

Undertaker Jos B Cook

Address 1003 W Baltimore

Remove to 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 20 C 7541 Registered No. B C 7541

CERTIFICATE OF DEATH.

(Place of Death.) No. 38 Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Columbus Baker

{Residence, if in Baltimore, Give Street and Number.} 38 Stafford Lane

Duration of Residence in Baltimore. 55

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 68 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Edward Baker

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Williams

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Elizabeth Baker

(Address) 504 W Preston St

Filed 12/21 190 7 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec-18 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 18 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Softening Brain

(DURATION) DAYS

Con'ributory (Primary.) Old age

(DURATION) DAYS

(Signed) Thos L Jones M.D.

Address Coroner

Date Dec 19 1907

Place of Burial Western Star Cemetery Catonsville Md

Date Dec 21 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name,** sex, [illegible] married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 7542 — Registered No. B ... C 7542

CERTIFICATE OF DEATH.

194

(Place of Death.) No. 407 Lewis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elijah Scott

{Residence, if in Baltimore, Give Street and Number.} 407. Lewis. St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Scott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Scott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Annie Scott

(Address) 407 Lewis St

Filed 12/21 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 20 1907 that I last saw h[illegible] alive on Dec 20 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis Complicated With Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) 7 DAYS

(Signed) [illegible] M.D.

Address 202 Hoffman St

Date Dec 20 1907

Place of Burial Woodlawn

Date Dec 23 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7543 Registered No. B C 7543

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 Penn Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Hall

{ Residence, if in Baltimore, Give Street and Number. } 626 Penn ally

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — Widowed

BIRTHPLACE (State or country) — Md

FULL NAME OF FATHER — unknown

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED — Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Middleton

(Address) 21. N. Howard St

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec-19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

..... CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) 9 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. J. Clinton M.D.

Address .....

Date Dec-20 1907.

Place of Burial Mt Auburn

Date Dec 22 - 1907

Undertaker R. A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7544 Registered No. B

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 914 White alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie B. Wright

{ Residence, if in Baltimore, Give Street and Number. } 914 White alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 2 | COLOR C

DATE OF BIRTH 1

AGE 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jas R Wright

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary E Ebb.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Epps

(Address) 914 White alley

Filed 12/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec-20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H Martin Coroner M.D.

Address

Date Dec-20 1907

Place of Burial Laurel

Date Dec 23 1907

Undertaker R. A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

C 7545

Ward 8 Registered No. B C 7545

1054

CERTIFICATE OF DEATH.

(Place of Death.) No. 1412 N. Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Margaret Fleming

{Residence, if in Baltimore, Give Street and Number.} 1412 N Chester St Baltimore

Duration of Residence in Baltimore. 3 mths.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 20 1907

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Daniel Fredrick Fleming

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Clara E. Thompson

BIRTHPLACE OF MOTHER (State or country) Birth West North Hampton Co Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel F. Fleming

(Address) 1412 N. Chester St

Filed 12/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 20 1907

that I last saw her alive on Dec 20 1907

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteo Colitis

(DURATION) 2 DAYS

Con'tributory (Primary.) Cold

(DURATION) DAYS

(Signed) Edw Schon M.D.

Address 2250 E Hoffman St

Date Dec 20-07 1907

Place of Burial Emmanuel Cemetery

Date Dec 22 1907

Undertaker Louis Fleming

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7546 Registered No. B C 7546

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 1822 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma R. Keller

{Residence, if in Baltimore, Give Street and Number.} 1822 Linden Avenue

Duration of Residence in Baltimore. 57 years & 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: December 15th 1850

AGE: 57 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore - Md

FULL NAME OF FATHER: Otho S. Keller

BIRTHPLACE OF FATHER (State or country): Frederick Co.

MAIDEN NAME OF MOTHER: Eliza R. Ogle

BIRTHPLACE OF MOTHER (State or country): Baltimore - Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lansfield Keller

(Address) 1822 Linden Ave.

Filed 12/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 20th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12th 1907 to Dec 20th 1907 that I last saw her alive on Dec 19th 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris.

12 hours (DURATION) DAYS

Contributory (Primary.) Arterio Sclerosis

Seven years (DURATION) — DAYS

(Signed) John I Pennington M.D.

Address The Marlborough

Date Dec 21st 1907

Place of Burial Loudon Park Cem

Date Dec 23rd 1907

Undertaker Hellenstein Home Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C 7547 — Registered No. B C 7547

137 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Lottie Bell

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. 8 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ....1....

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Pa —

FULL NAME OF FATHER Henry Austine.

BIRTHPLACE OF FATHER (State or country) Penn

MAIDEN NAME OF MOTHER Catherine Grove

BIRTHPLACE OF MOTHER (State or country) Penn

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Kerlinger

(Address) Stewartstown Pa

Filed 12/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 21 1907 that I last saw h.e alive on Dec 21 1907, and that death occurred, on the date stated above, at 5.00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Septic

following removal of Ovary

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) H K Baker M.D.

Address Balto City Hospital

Date Dec 21 1907

Place of Burial Stewartstown, Pa.

Date Dec. 21 1907

Undertaker H. W. Means & Son

Address 1515 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 7548 Registered No. B C 7548

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Tornes

{ Residence, if in Baltimore, Give Street and Number. } 2001 Hollins St (Tornes)

Duration of Residence in Baltimore. about 3 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 18. 1868

AGE: 39 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Tornes (wife)

(Address) 2001 Hollins St.

Filed 12/21 1907

HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 19 1907 that I last saw h[illegible] alive on Dec 19 1907, and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Terminal Pneumonia

(DURATION) DAYS

Contributory (Primary.) Erysipelas

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View.

Date Dec 20 1907

Place of Burial St Paul Luth: Cem 1

Date Dec 21 st 1907

Undertaker C. W. Dill

Address 810 Fredk ave

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 7549 Registered No. B C 7549

151 2

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 Covington St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Woomer

{Residence, if in Baltimore, Give Street and Number.} 824 Covington St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 19 1907

AGE: ..... years, ... months, 2 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Martin Woomer

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Hamit Kuhn

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Woomer

(Address) 610 Henry St.

Filed 12/24 1907

MARY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 21 1907

that I last saw h~~is~~ alive on Dec 20 1907.

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Con'ributory (Primary.) Congenital debility (DURATION) 2 DAYS

(Signed) C. L. Benton M.D.

Address 222 East Cross

Date December 21st 1907

Place of Burial Baltimore Cemetery

Date December 21 1907

Undertaker Eder. I Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7550 Registered No. B

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 1607 Abbott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Marek.

{Residence, if in Baltimore, Give Street and Number.} 1607 Abbott St.

Duration of Residence in Baltimore. 21 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER James Marek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Hannah Marek

(Address 1607 Abbott St

Filed 12/22 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1907

I HEREBY CERTIFY, That I attended deceased from

1907 to 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Gun

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Corner Md

Date Dec. 21—07. 1907

Place of Burial St Alphonsus

Date Dec. 22 1907

Undertaker Frank Grach

Address 1914 Ashland Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7551

City of Baltimore, (No. 2900 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Sophia Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 12 (Day) 1833 (Year)

AGE: 74 years, 5 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Fredrick Stier

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Burgan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M H Carter

(Address) 2900 N. Calvert St

Filed 12/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 22 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1907 to Dec 22 1907 that I last saw her alive on Dec 22 1907, and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

General Collapse
incident to age
and partial Paralysis

(DURATION) 20 DAYS

Contributory ———

(DURATION) DAYS

(Signed) M H Carter M. D.

Dec 22 1907 (Address) 2900 N Calvert

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Gerardstown W. Va. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Gerardstown W Va — DATE OF BURIAL: Dec 22 1907

UNDERTAKER: Jos B. Cook — ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7552 Registered No. B C 7552

921

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 N. Woodyear Ch St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Carrall

{Residence, if in Baltimore, Give Street and Number.} 1132 N. Woodyear Ch

Duration of Residence in Baltimore. 3 mths

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR B

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Clarence Carroll

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Hall

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hall

(Address) 1132 Woodyear St

Filed 12/22 1907 HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 — 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 19 1907 that I last saw him alive on Dec 19 1907, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Henry E. Rill M.D.
Garrett Hospital Dr.

Address 1203 N. Fayette St

Date Dec 21 1907

Place of Burial Mt Auburn

Date Dec 22 1907

Undertaker A. J. Freeland

Address 116 N. Schroeder St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7553 Registered No. B C 7553

CERTIFICATE OF DEATH.

24

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Ifkehart

{Residence, if in Baltimore, Give Street and Number.} 125 W. Lafayette Ave.

Duration of Residence in Baltimore. About 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Feb 28" 1863

AGE: 44 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos S Ifkehart

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella M Walsh

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Civil Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C E Ifkehart

(Address) 16 W Franklin St

Filed 12/27 1907 HARRY G. ROGERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20, 1907.

I HEREBY CERTIFY, That I attended deceased from November 15 1907 to December 20 1907 that I last saw h him alive on December 20 1907, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Actinomycosis

(DURATION) 4 years

Contributory (Primary.) Actinomycosis

(DURATION) 4 years

(Signed) Peregrine Wroth, Jr., M.D.

Address Union Prot. Inf.

Date December 20, 1907.

Place of Burial Davidsonville, Md

Date Dec. 23, 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 7554

C 7554

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Homewood Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Boylan

{ Residence, if in Baltimore, Give Street and Number. } 1132 Homewood Ave.

Duration of Residence in Baltimore. 55 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 22, 1832

AGE: 75 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Charles Murphy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Collimore

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas. E. F. Carr

(Address) 1132 Homewood Ave.

Filed 12/22 1907

HARRY C. ... Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Dec 20th 1907

that I last saw her alive on Dec 2d 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis

(Myocarditis)

Jaundice (DURATION) DAYS

Contributory (Primary.) Angina Pectoris (DURATION) DAYS

(Signed) H. Shawkey M.D.

Address 19 W Franklin St

Date Dec 21st 1907

Place of Burial Cathedral Cemetery

Date Dec 23, 1907

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 7555

Registered No. B.....

City of Baltimore, (No. 2827, Parkwood Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Perry S Ross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 8 (Day) 1862 (Year)

AGE: 48 years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co. Md.

FULL NAME OF FATHER: George P Ross

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Urmella Wills

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Police officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Carrie C Ross

(Address) 2827 Parkwood Ave

Filed 12/22 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Dec 21 1907

that I last saw h-- alive on Dec 21 1907,

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Brights disease

(DURATION) ..... DAYS

Contributory Uremia

(DURATION) ..... DAYS

(Signed) Fred B Jewett M. D.

Dec 22 1907 (Address) 1208 W. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Parkers Wharf Calvert Co Md

DATE OF BURIAL: Dec 22 1907

UNDERTAKER: Armstrong Dempsey

ADDRESS: 715 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th C 7556 Registered No. B C 7556

CERTIFICATE OF DEATH.

(Place of Death.) No. 1732 S Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Darcey

{Residence, if in Baltimore, Give Street and Number.} 1732 S. Charles St.

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 1844

AGE 63 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland -

FULL NAME OF FATHER Thos. Darcey

BIRTHPLACE OF FATHER (State or country) Ireland -

MAIDEN NAME OF MOTHER unknown -

BIRTHPLACE OF MOTHER (State or country) Ireland -

OCCUPATION OF DECEASED R.R. Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Darcey

(Address) 1732 Scharles St

Filed 12/22 1907 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 18 1907 that I last saw him alive on Dec 18 1907 and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis. -

Peri Hepatitis. -

(DURATION) 12 DAYS

Contributory (Primary.) Exposure -

(DURATION) DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St -

Date Dec 19 1907

Place of Burial Cathedral Cem

Date Dec. 23 rd 1907

Undertaker Daniel and Margaret S. Flynn

Address 42 E. Wm Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45 V

CERTIFICATE OF DEATH. C 7557

Registered No. B .....

City of Baltimore, (No. Church Home Hosp Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Buchanan

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry P. Rivers

(Address) 322 E 25 St.

Filed 12/22 1907 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 22 1907

that I last saw him alive on Dec 22 1907,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Anemia due to

Suppression urine (DURATION) 3 DAYS

Contributory Cancer Prostate

(DURATION) ..... DAYS

(Signed) G. Stonesifer M.D.

Dec 22 1907 (Address) 1 E Centre St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Elwood Ind DATE OF BURIAL Dec 23 1907

UNDERTAKER A. J. Marshall ADDRESS 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7559 Registered No. B C 7559

CERTIFICATE OF DEATH. 91 V

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Agatha Miller

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: Feb: 20th 1830

AGE: 77 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Switzerland

FULL NAME OF FATHER: Joseph Shroeder

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Anna Oberst

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Washing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 12/22 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec: 21st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to 1907

that I last saw her alive on Dec 21 1907

and that death occurred, on the date stated above, at 2.30 p.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronchitis

Unknown (DURATION) DAYS

Contributory (Primary) Asthma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 433 Valley st

Date Dec 21 1907

Place of Burial Holy Redeemer

Date 12/26/23 1907

Undertaker Wm J Schillin

Address 9 & 11 Appleton st

W.M. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7558 Registered No. B C 7558 10 6

CERTIFICATE OF DEATH.

Place of Death.) No. 439 W Ostend St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Cedekia M Kearns

{ Residence, if in Baltimore, Give Street and Number. } 439 W Ostend St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 21st 1880

AGE: 27 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John O Rourke

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Mary Mayland

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Kearns

(Address) 439 W Ostend St

Filed Dec 22 1903 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19th 1903

I HEREBY CERTIFY, That I attended deceased from Dec 3 1903 to Dec 19 1903

that I last saw him alive on Dec 19 1903

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Entiritis

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion (DURATION) 6 DAYS

(Signed) Edw Greenfield M.D.

Address 517 Scott St

Date Dec 20 1903

Place of Burial New Cathedral Cemetery

Date Dec 23 1903

Undertaker F A Krause Bro

Address 208 Hanover Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, residence, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7560 Registered No. B

CERTIFICATE OF DEATH.

437

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary McIntosh.

{Residence, if in Baltimore, Give Street and Number.} 73 Grandville Str Toronto Canada

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Reton Nova Scotia

FULL NAME OF FATHER: James Bain

BIRTHPLACE OF FATHER (State or country): Dunbar Scotland

MAIDEN NAME OF MOTHER: Schibold.

BIRTHPLACE OF MOTHER (State or country): Nova Scotia

OCCUPATION OF DECEASED: Ministers wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Neil.

(Address) Toronto Canada.

Filed 12/22 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 22d 1907

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1907 to Dec 22d 1907

that I last saw h[illegible] alive on Dec 22 1907,

and that death occurred, on the date stated above, at 4 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Dec. 22, 1907

Place of Burial Toronto Canada

Date DEC 22 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C7561 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2901 Walbrook ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William K. Bibb

{Residence, if in Baltimore, Give Street and Number.} ——

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1824

AGE: 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Arrington Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Parr

(Address) 2901 Walbrook Ave.

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20" 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Dec 20 1907 that I last saw h— alive on Dec 20 1907, and that death occurred, on the date stated above, at 3 oclock P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

DURATION 2 DAYS

Contributory (Primary.) Paralysis

DURATION 4 DAYS

(Signed) W. E. Bibb M.D.

Address 305 N. North Ave

Date Dec 22' 1907

Place of Burial Loudon Park Cemetry

Date December 23 1907

Undertaker John E. Hough Co.

Address 1422 Penna. Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79 v

CERTIFICATE OF DEATH.

Registered No. B C 7562

City of Baltimore, (No. 596 N. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Greenberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W

DATE OF BIRTH: Oct. (Month) 11 (Day) 1838 (Year)

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Neg.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Henriata Blaustte

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. S. Greenberg

(Address) 626 N. Bond St.

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 12-20 1907 to 12-21 1907 that I last saw h[er] alive on 12-21 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Chr. Bronch. Asthma
dilated heart

5 yrs (DURATION) — DAYS

Contributory Cardiac Asthenia

— (DURATION) — DAYS

(Signed) S. C. Kozloff M. D.

12.21 1907 (Address) 716 N. 9th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship | DATE OF BURIAL: Dec 23 1907

UNDERTAKER: J. Ahrens & Co | ADDRESS: 754 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7564

City of Baltimore, (No. 1011 Linden Ave St. Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth C Foker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: E Bode

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eleanor Manning

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Foker

(Address) 1011 Linden Ave

Filed 12/23 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to Dec 21 1907

that I last saw her alive on Dec 21 1907,

and that death occurred, on the date stated above, at 1030 P. M. The CAUSE OF DEATH was as follows:

Uterine Carcinoma

— (DURATION) 5 DAYS

Contributory Nervousness, result largely of hard physical effort. (DURATION) 5 DAYS

(Signed) Wm B. McDonald M. D.

Dec 22" 1907 (Address) 1305 Linden Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec 24 1907

UNDERTAKER: Wm Cook C.

ADDRESS: 502 E. Hoffman Av.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C 7563 Registered No. B C 7565

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 515 S. Howard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm H. Parker

{Residence, if in Baltimore, Give Street and Number.} 515 S. Howard St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Light Brown

DATE OF BIRTH: August 5 — 1886

AGE: 21 years, ~~4~~ months, ~~10~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Nathaniel Parker

BIRTHPLACE OF FATHER (State or country): Accomac Co Va

MAIDEN NAME OF MOTHER: Maria Pitts

BIRTHPLACE OF MOTHER (State or country): Accomac Co Va

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgett Ross

(Address) 106 Welcome Alley

Filed 12/23 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 21, 1907.

I HEREBY CERTIFY, That I attended deceased from about a month ago to Dec. 20 1907 that I last saw him alive on Dec. 20 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular pneumonia

4 or 5 weeks (DURATION) DAYS

Contributory (Primary.) probably tuberculosis

I do not know (DURATION) DAYS

(Signed) J. T. Shemwell M.D.

Address 2226 Madison ave.

Date Dec. 21 1907

Place of Burial Laurel

Date Dec. 23 1907

Undertaker S. L. Brown's Son

Address 105 N. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, residence, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7565 Registered No. B C 7565

CERTIFICATE OF DEATH.

(Place of Death.) No. 1227 Penna. ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Herbert Hughes

{Residence, if in Baltimore, Give Street and Number.} 1227 Penna. ave.

Duration of Residence in Baltimore. eighteen years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Dec. 9 1870
AGE	37 years, 1 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Alfred W. Hughes
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Martha V. Miller
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan V. Hughes

(Address) 1227 Penna ave.

Filed 12/23 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Dec. 9 1907 that I last saw him alive on Dec. 9 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

One year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Eugene Key M.D.

Address 408 Woodland Road
Date of Burial Hotel Stenwood

Date Dec. 22 1907

Place of Burial Mt. Olivet Cemetery

Date Dec 24th 1907

Undertaker William H. Higdon

Address 851 Lindenwood

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 7566 — Registered No. B C 7566

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 S Caroline St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Katie Conlin

{Residence, if in Baltimore, Give Street and Number.} 419 S Caroline St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Mathew Connolley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Kate Reynolds

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. O'Connor

(Address) 219 S. Caroline st.

Filed 12/23 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos Conlin M.D.

Address 320 N Greene St

Date 190

Place of Burial Trinity Cem.

Date Dec. 23" 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 Wol

C 7567 Registered No. B

C 7567

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 1907 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Margaret Menzel

{Residence, if in Baltimore, Give Street and Number.} 1907 Canton Ave

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo H. Menzel

(Address) 1824 Eastern Ave

Filed 12/23 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 18th 1907 to Dec. 22nd 1907

that I last saw h[illegible] alive on Dec. 22nd 1907

and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile & Cardiac

Broken Compensation

(DURATION) DAYS

Contributory (Primary) Chronic Valvular

Heart Disease Aortic Stenosis (DURATION) DAYS

(Signed) Herman J. Koerner M.D.

Address 1937 Caroline Ave.

Date Dec. 23rd 1907

Place of Burial Mount Carmel

Date Dec 25 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 7568 Registered No. B C 7568

CERTIFICATE OF DEATH.

1201

(Place of Death.) No. 406 Ensor St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max Kraft.

{Residence, if in Baltimore, Give Street and Number.} 406 Ensor Street

Duration of Residence in Baltimore. 16 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 48 years, ___ months, ___ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Kivel Kraft

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Basie Jackobson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Polokr

(Address) 406 Ensor st

Filed 12/23 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 23 1907 that I last saw him alive on Dec 21 1907, and that death occurred, on the date stated above, at 4:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Emphysema.

Chronic Nephritis

Dropsy.

4-5 Some months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) David Q. Smith M.D.

Address 1126 Caltheal Street

Date Dec. 23 1907

Place of Burial Roan dale Cemetery

Date Dec 23, 1907

Undertaker Mat Lemmon

Address 1620 Mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 7569 Registered No. B C 7569

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 N Paca st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Fraun

{Residence, if in Baltimore, Give Street and Number.} 812 N Paca st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: October 1889

AGE: 18 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: John Foyer

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliza Fraun

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Fraun

(Address) 812 Paca st.

Filed 12/23 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

about 8 mos. (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm Barcroft M.D.

Address 700 Eag. ave. Canton

Date Dec. 21 st. 1907

Place of Burial Mt Olivet

Date DEC 24 1907 190

Undertaker R L Packham & Co

Address 1213 Pansh st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 8 C 7570 Registered No. B C 7570

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John L Parodi

{ Residence, if in Baltimore, Give Street and Number. } Bay View (2307 E North Ave)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 14 1

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Parodi

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Maggie Lavis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Helen Baker

(Address) 2307 E North ave

Filed 12/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1907 to Dec 20 1907 that I last saw h[illegible] alive on Dec 20 1907 and that death occurred, on the date stated above, at 8[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Dec 21 1907

Place of Burial Baltimore Cem;

Date DEC 23 1907 190[illegible]

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7571 Registered No. B C 7571

CERTIFICATE OF DEATH.

120

(Place of Death.) No. East City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. C McGarry

{Residence, if in Baltimore, Give Street and Number.} 2427 Federal St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 7 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Wm McGarry

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Katherine Stewart

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Lab Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary L. McGarry

Address 2427 E. Federal St

Filed 12/23 1907

HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 22 1907 that I last saw h alive on Dec 22 1907, and that death occurred, on the date stated above, at 6 40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia due to Nephritis

(DURATION) DAYS

Contributory (Primary) Endocarditis

(DURATION) 1 DAYS

Signed W. H. Baker M.D.

Address East City Hospital

Date Dec 22 1907

Place of Burial Baltimore. Cem.

Date DEC 25 1907

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7572 Registered No. B C 7572

CERTIFICATE OF DEATH.

(Place of Death.) No. Bush City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Thomas W Bush.

{ Residence, if in Baltimore, Give Street and Number. } 849 Hamilton Terrace

Duration of Residence in Baltimore. 7 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	May 2 1879
AGE	28 years, 7 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John M Bush
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Eliz A. Murray
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos M Bush

(Address) Hampstead Md

Filed 12 23 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 23rd 1907 that I last saw h[illegible] alive on Dec 23rd 1907, and that death occurred, on the date stated above, at 6.00 A.M. CAUSE OF DEATH (Secondary or Immediate)

[illegible]

(DURATION) 21 DAYS

Con'ributory (Primary.) [illegible]

(DURATION) 7 DAYS

(Signed) [illegible] M.D.

Address Bush City Hospital

Date Dec 28 1907

Burial Co

Place of Burial Hampstead Md.

Date Dec 28 1907

Undertaker Josiah Selby

Address 1600 N Gaith Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7573 Registered No. B C 7573

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 3726 Park Heights ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Leary

{Residence, if in Baltimore, Give Street and Number.} 3726 Park Heights ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 2nd 1866

AGE 41 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ceity

FULL NAME OF FATHER George Tarlton

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Sarah Bergin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm W. Leary

(Address) 3726 Park Heights ave

Filed 12/23 1907 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec 21 1907 to ——— 190—

that I last saw h~~er~~ alive on Dec 21 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorhage

~~3 hrs~~ (DURATION) 3 hrs ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) James S. Atkinson M.D.

Address 4005 Park Heights ave

Date Dec 22 — 1907

Place of Burial New Cathedral

Date Dec 24 1907

Undertaker Geo. Weber

Address 115 S. N. Carey 25

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7574 Registered No. B C 7574

CERTIFICATE OF DEATH.

(Place of Death.) No. 1318 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary ~~Bridget~~ Conroy

{Residence, if in Baltimore, Give Street and Number.} 1318 Penna Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Francis Quinn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Quinn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Curtis Conroy Pr Hse

(Address) 1318 Penn Av

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Dec 22 1907 that I last saw h alive on Dec 21 1907, and that death occurred, on the date stated above, at 7:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetis Mellitus

Two years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Van Williams M.D.

Address 601 N Carrollton

Date Dec 22 1907

Place of Burial New Cathedral Cemetery

Date Dec 24 1907

Undertaker David McLean Co

Address 833 Linden Av

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7575

Registered No. B .....

City of Baltimore, (No. 217, Herring Court St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Somerset Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Jackson

(Address) 217 Herring Court

Filed 12/23 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 20th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 18th 1907 to Dec. 20th 1907 that I last saw h.. alive on Dec. 18th 1907, and that death occurred, on the date stated above, at 9.30 a. m. The CAUSE OF DEATH was as follows:

T. B. of Scrotum and Lungs 4 or 5 mos. (DURATION) ..... DAYS

Contributory Exhaustion (DURATION) 4 DAYS

(Signed) O. F. Ris M. D.

Dec. 21st 1907 (Address) 213 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Gion — DATE OF BURIAL: Dec 23 1907

UNDERTAKER: John W Henderson — ADDRESS: 31 N Caroline St

WM. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7576 Registered No. B C 7576

CERTIFICATE OF DEATH.

(Place of Death.) No. 954 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline M. Hilscher

{Residence, if in Baltimore, Give Street and Number.} 954 N. Duncan-adl-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hilscher

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Dole

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hilscher

(Address) 954 N. Duncan

Filed 12/23 190 7 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

6 hours (DURATION) ..... DAYS

Contributory (Primary.) .....

Enteritis (Acute) (DURATION) ..... DAYS

(Signed) W. J. Ryan M.D.

Address 2008 Eastern

Date ..... 190 .....

Place of Burial Holy Redeemer

Date Dec. 24 1907

Undertaker Jerome F. McGrath

Address 1904 Eastern Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 7577 Registered No. B ..... C 7577

CERTIFICATE OF DEATH.

104 V

(Place of Death.) No. 1801 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Cibak

{Residence, if in Baltimore, Give Street and Number.} 1801 Ashland Ave

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jos. Cibak

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Jena Panuska

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jos. Cibak

(Address) 1801 Ashland Ave

Filed 12/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1907 to Dec 14th 1907

that I last saw h im alive on Dec 14th 1907

and that death occurred, ~~on the date stated above~~, at 7 00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

Unspecified —

one hour (DURATION) DAYS

Con'ributory (Primary.) Cyanosis Gastritis

3 Months (DURATION) — DAYS

(Signed) Joseph J Sutton M.D.

Address 420 N. Gay St

Date Dec 22nd 1907

Place of Burial St Alphonsus

Date Dec 23 1907

Undertaker Jerome A. M. Cibach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 7578 Registered No. B — C 7578

CERTIFICATE OF DEATH.

1061

(Place of Death.) No. 1431 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dibon Nultz

{Residence, if in Baltimore, Give Street and Number.} 1431 Orleans St

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 78 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Colin Nultz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Greenberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jarkin Klavansky

(Address) 1431 Orleans st

Filed 12/23 1907 — HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 18 1907

that I last saw h[illegible] alive on Dec 18 1907

and that death occurred, on the date stated above, at 4

9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Chronic diarrhoea

(DURATION) DAYS

(Signed) Chas. F. Blake M.D.

Address 1523 E Balto St

Date Dec 23 1907

Place of Burial Roos dale Cemetery Helena

Date Dec 23, 1907

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C 7579

Ward ..... C 7579 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Wolfe

{Residence, if in Baltimore, Give Street and Number.} A James Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Richard Wolfe

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Harrigan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Wolf

(Address) 1335 W Lombard st

Filed 12/23 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Dec. 22 1907

that I last saw h alive on Dec 22 1907

and that death occurred, on the date stated above, at 6 45 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 22. 1907

Place of Burial St Peters

Date Dec 24 1907

Undertaker John J Horgan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20

C 7580 Registered No. B C 7580

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 97 Wilkins Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles J Tolzmann

{Residence, if in Baltimore, Give Street and Number.} 3rd Street Highland Town

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 16th 1875

AGE 32 years, — months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Edward Tolzmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louise Meier

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Tolzmann

(Address) 97 Wilkins Street

Filed 12/23 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21st 1907

I HEREBY CERTIFY, That I attended deceased from December 8th 1907 to Dec 21st 1907

that I last saw him alive on Dec. 20th 1907,

and that death occurred, on the date stated above, at 5

a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Failed rapidly last (DURATION) 30 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

Complained over a year but (DURATION) 90 DAYS

(Signed) John G. Holladay M.D.

Address 714 Frederick ave

Date Dec. 22nd 1907

Place of Burial Loudon Park.

Date Dec: 23rd 1907

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward ..... C 7581 Registered No. B C 7581

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Smith

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 31 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: House wife.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1907 to Dec. 19 1907 that I last saw h[illegible] alive on Dec 19 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Roth C Bay M.D.

Address Bay View

Date Dec. 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 20 1907

Undertaker William A Woodson

Address 1818 Aiken St

FOR [illegible] PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

279

HEALTH DEPARTMENT

Ward ..... C 7582 Registered No. B ..... C 7582

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Owen Francis

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

280

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1907 to Dec 20 1907

that I last saw h~~im~~ alive on Dec. 20 1907,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis

Chronic Bronchitis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Dec. 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 26 1907

Undertaker William H Woodall

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT

C 7583

Ward ..... Registered No. B .....

C 7583

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Phillipson

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

280

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1907 to Dec. 20 1907

that I last saw him alive on Dec 20 1907

and that death occurred, on the date stated above, at 5 — M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Dec. 21 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 21 1907

Undertaker William H. Woods

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7584

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7584

Registered No. B.....

City of Baltimore, (No. 1330 N. Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Truman Franklin Bloom

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 1 (Day) 1907 (Year)

AGE: ..... years, One month, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: .....

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Truman Bloom

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Hallie Frankfeld

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mo. Ellis

(Address) 1330 N. Broadway

Filed 12/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 21 1907 that I last saw him alive on " 20 1907, and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

Marasmus (DURATION) 15 DAYS

Contributory Infantile Troubles (DURATION) Lifetime DAYS

(Signed) E. L. Peterson M. D.

Dec 21 1907 (Address) 1103 N Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: Dec 22 1907

UNDERTAKER: Commissioner Health, Per. Wm. E. WOODALL.

ADDRESS: Health Dept

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES.

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

931

CERTIFICATE OF DEATH.

Registered No. B C 7585

City of Baltimore, (No. 1207 Baltimore St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Coyle

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: June 25th (Month) (Day) 1828 (Year)	
AGE: 79 years, 5 months, 28 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Patrick Coyle
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catharine Mc Dermott
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Coyle

(Address) 1207 Baltimore St

Filed 12/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 22nd (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 20th 1907 to December 22nd 1907 that I last saw her alive on Dec 22nd 1907, and that death occurred, on the date stated above, at 9.20 P. M. The CAUSE OF DEATH was as follows:

Pneumonia,

(DURATION) 4 DAYS

Contributory Senile Heart

(DURATION) 4 years.

(Signed) Wilmer Winston M. D.

Dec 23rd 1907 (Address) Calvert & Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys Germans	Dec 24 1907
UNDERTAKER	ADDRESS
C A F Bulbin	1711 Md Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

C 7586

Ward 17

C 7586 Registered No. B

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1202 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Bertha A. Hawkins

{ Residence, if in Baltimore, Give Street and Number. } 1202 Druid Hill Ave

Duration of Residence in Baltimore. During Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Dec 1 1

AGE 26 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William Johnson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Lawson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Hawkins

(Address) 1202 Druid Hill Ave

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1907 to Dec. 21st 1907

that I last saw her alive on Dec. 21st 1907

and that death occurred, on the date stated above, at 5:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ac. Croupous Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Ac. Croupous Pneumonia (DURATION) 9 DAYS

(Signed) W. J. Carr, Jr. M.D.

Address 515 Mosher St.

Date Dec. 23rd 1907

Place of Burial Mt Auburn Cemetery

Date Dec 23 1907

Undertaker John A. Burkhardt

Address 1117 Dolphin Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7587 Registered No. B

CERTIFICATE OF DEATH.

90V

(Place of Death.) No. 235 N. Pearl Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teresa Rinauro

{Residence, if in Baltimore, Give Street and Number.} Baltimore 235 N. Pearl Street

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE ..... years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) 235 N. Pearl

FULL NAME OF FATHER Salvatore Rinauro

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Leonora Flora

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Rinauro

(Address) 235 N Pearl St

Filed 12/23 1907 MARY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 22 December 1907

I HEREBY CERTIFY, That I attended deceased from 20 Nov 1907 to 22 Dec 1907 that I last saw h— alive on 22 Dec 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Bonaro M.D.

Address 204 N. Green

Date 22 December 1907

Place of Burial St Timothy

Date Dec 23 1907

Undertaker Robt Schumacher

Address 1 & 2. 4. 6 Bway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7589 Registered No. B C 7589

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 1220 E Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Hogan

{Residence, if in Baltimore, Give Street and Number.} 1220 E Lexington St

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR B
DATE OF BIRTH 1	
AGE 50 years, months, days	
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country) N. C.	
FULL NAME OF FATHER Allen William	
BIRTHPLACE OF FATHER (State or country) N. C.	
MAIDEN NAME OF MOTHER Hinah Olston	
BIRTHPLACE OF MOTHER (State or country) N. C.	
OCCUPATION OF DECEASED Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1220 E. Lexington

Filed 12/23 1907

HARRY C. ANDR[illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h[illegible] alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 a ..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Dec 21 - 07 1907

Place of Burial Asbury

Date Dec 23 1907

Undertaker R A Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 C 7588 Registered No. B C 7588

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Rosalind St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles G. Blamy.

{Residence, if in Baltimore, Give Street and Number.} 109 Rosalind Av.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 27 1880
AGE	27 years, 5 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Henry C. Blamy.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Unknown.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Car conductor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldkoenig M.D.

(Address) 603 S. Shuffs St.

Filed 12/13 1907 MARK O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1907 to Dec 21st 1907 that I last saw h-- alive on Dec 21st 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

(DURATION) DAYS

Contributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) C. Waldkoenig M.D.

Address 603 S. Shuffs St

Date Dec 22 1907.

Place of Burial Mount Olivet

Date Dec. 26th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

Time of Funeral at Discretion of Committee

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, residence, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7590 Registered No. B C 7590

28

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvin Page

{ Residence, if in Baltimore, Give Street and Number. } 2051 Division Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Page

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Julia Lee

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Charles Page

(Address) 2051 - Division St

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21" 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 21 1907 that I last saw h~~e~~ alive on Dec 21 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous meningitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Kelough M.D.

Address Johns Hopkins Hospital

Date Dec 23 1907

Place of Burial Mt Auburn

Date Dec 24 1907

Undertaker R. A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7591 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 - 20½ Pr St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Swann

{Residence, if in Baltimore, Give Street and Number.} Same as above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joshua Swann

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elnora Bradford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Farther Joshua Bradford
(Informant)

(Address) 304 - 20½ St

Filed 12/23 1907

HARRY C. ANDREWS,
PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3:35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Pneumonia

(DURATION) — DAYS

(Signed) Chas Smith M.D.

Address 1818 N. Chester

Date Dec 22 1907

Place of Burial Laurel

Date Dec 25 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7592 Registered No. B C 7592

108

CERTIFICATE OF DEATH.

(Place of Death.) No. North Forest Park. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Kate v. Granada Ave

Full Name Theresa M. Weinreich

{ Residence, if in Baltimore, Give Street and Number. } North Forest Park. Kate v. Granada Ave.

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 28th 1838

AGE 69 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gustav A. Trautman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Fredericka Knepfel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Arling

(Address) North Forest Park

Filed 12/23 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1907 to Dec. 21st 1907

that I last saw h.. alive on Dec. 21st 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

with Fecal Vomiting

(DURATION) 5 DAYS

Contributory (Primary.) Fecal Vomiting

(DURATION) 5 DAYS

(Signed) A. B. Giles M. D.

Address Forest Park.

Date Dec. 22nd 1907

Place of Burial Baltimore Cemetery

Date Dec. 24th 1907

Undertaker Chas. & Jas. Smith Sons

Address 801 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 7593 Registered No. B C 7593

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 N Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas P. O'Dea

{Residence, if in Baltimore, Give Street and Number.} 503 N Exeter

Duration of Residence in Baltimore. About 30 years

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX: Male	COLOR: W	DATE OF DEATH: Dec 22 25 1907
DATE OF BIRTH: Sept 1863		I HEREBY CERTIFY, That I attended deceased from About Dec 1907 to 22 25 Dec 1907
AGE: 44 years, months, days		that I last saw him alive on 21st Dec 1907, and that death occurred, on the date stated above, at 5-30 a. m.
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married		CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Ireland		E Pneumonia
FULL NAME OF FATHER: Peter A Dea		(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country): Ireland		Contributory (Primary.) Bright's Disease (DURATION) 180 DAYS
MAIDEN NAME OF MOTHER: Bridget Clancy		of Kidneys
BIRTHPLACE OF MOTHER (State or country): Ireland		(Signed) Chas Reynolds M.D.
OCCUPATION OF DECEASED: Laborer		Address 809 N. Charles
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Date Dec 22 25 1907
(Informant) Thos A Dea		Place of Burial New Cathedral
(Address) 525 E Madison St		Date Dec 24 1907
Filed 12/23 1907 HARRY O. ANDREWS Registrar PERMIT CLERK		Undertaker Wm F Schaffer
		Address 8. S. Front St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12

C 7594

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

C 7594

Registered No. B.....

City of Baltimore, (No. 452, Fremont Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norman E. Yeatman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Sept (Month) 13 (Day) 1903 (Year)

AGE: 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Clarence Yeatman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Helen L. Klein

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Yeatman

(Address) 452 Fremont Ave

Filed 12/23 1907

MARY O. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 22nd (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1907 to Dec. 22 1907 that I last saw h.. alive on Dec. 21st 1907, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Tubercular Pneumonia

10 mos – (DURATION) ..... DAYS

Contributory Carcinoma Duodenum

..... (DURATION) ..... DAYS

(Signed) Walter S. Carswell M. D.

Dec. 23 1907 (Address) 2 W 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lemid. Ridge

DATE OF BURIAL: Dec 24 1907

UNDERTAKER: E. A. Fitzpatrick

ADDRESS: 2113 Fremont Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 —

CERTIFICATE OF DEATH.

Registered No. B C 7595

City of Baltimore, (No. 823 A Post — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mr B Chatelain Elder & Chauffeur

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — (Month) — (Day) 1873 Year

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Mr T. Jordan

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Home hold duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chatelain

(Address) 823 S. Post st

Filed 12/23 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 — (Month) ..... (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 — 1907 to Dec 21 — 1907 that I last saw h— alive on Dec 15 1907, and that death occurred, on the date stated above, at 11 30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis —

4 mos. (DURATION) DAYS

Contributory Cystitis

(DURATION) DAYS

(Signed) Jno C Bowers M. D.

125 E Pratt (Address) 12-22

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Brodshaw Md	Dec 24 1907
UNDERTAKER	**ADDRESS**
J. C. Schutt Son	502 N. Baltimore

OK O.K.

KODAK SAFETY

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward ____ C 7596 Registered No. B C 7596

CERTIFICATE OF DEATH.

19 ✓

Place of Death.) No. 403 S. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Hasler

{ Residence, if in Baltimore, Give Street and Number. } 403 S. Collington Ave

Duration of Residence in Baltimore. 53 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 11 1835

AGE 72 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Hasler

(Address) 403 S. Collington Ave

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1907 to Dec. 21 1907

that I last saw h[er] alive on Dec. 20 1907

and that death occurred, on the date stated above, at 7.50 a. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Dis Heart

2 mos. (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Charles Mees M.D.

Address 619 Baltimore Park Ave

Date Dec. 22 1907 ✓

Place of Burial Mt. Carmel Cem

Date Dec. 24 1907

Undertaker HENRY SAILDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Gaston Avenue

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 7597 — Registered No. B C 7597

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John oesterlein

{Residence, if in Baltimore, Give Street and Number.} 626 E. Pratt

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 27 1861

AGE: 46 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): B.C.

FULL NAME OF FATHER: Henry oesterlein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis Strohmer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Can Coppler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Oesterlein

(Address) 626 E. Pratt St

Filed 12/23 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1907 to Dec. 22 1907 that I last saw h[illegible] alive on Dec. 21 1907 and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) one DAYS

Contributory (Primary) Pulmonary tuberculosis (DURATION) 2 years

(Signed) Geo. L. Wilkins M.D.

Address 6 N. Broadway

Date Dec 23 1907

Place of Burial Mount Hebron Cem

Date Dec. 24 1907

Undertaker H. SANDER & SONS, 1708-1710 Clinton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

C 7598

Registered No. B .....

City of Baltimore, (No. 210 S. Bruce St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Silbenzahn

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 31 1872
(Month) (Day) Year)

AGE 35 years, 3 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Malone

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Gallagher

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Malone

(Address) 210 S. Bruce St

Filed 12/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to Dec 19 1907

that I last saw h.. alive on Dec 19 1907,

and that death occurred, on the date stated above, at 11-30

11. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 18 months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Thos. P. McCormick M. D.

Dec 24 1907 (Address) 1424 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL St Peter

DATE OF BURIAL Dec 22 1907

UNDERTAKER J. B. Cook

ADDRESS 1023 W. Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 7599 Registered No. B C 7599

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Leman Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Flomen Leistes

{Residence, if in Baltimore, Give Street and Number.} 1415 W. Lombard St.

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Nov 22 1881

AGE 26 years, 1 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Jacob H Leistes

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Vila A Franklin

BIRTHPLACE OF MOTHER (State or country) Gallatin Co Ky

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob H Leistes

(Address) 1415 W Lombard St

Filed 12/23 190 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1907 to Dec 22 1907 that I last saw h alive on Dec. 22 1907, and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy

(DURATION) 35 DAYS

Contributory (Primary.) Chronic kidney disease

(DURATION) DAYS

(Signed) John F. Moore M.D.

Address St Josephs Leman Hosp.

Date Dec 22 1907

Place of Burial Loudon Park

Date Dec 25 1907

Undertaker Jno B. Cook

Address 1003 E Belvidere

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — C 7600 — Registered No. B C 7600

CERTIFICATE OF DEATH.

1194

(Place of Death.) No. 1208 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret A Kubler

{Residence, if in Baltimore, Give Street and Number.} 1208 Columbia av

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 25 1854

AGE 53 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Michael Deininger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christiana Schwartze

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick H. Kugebler

(Address) 1311 Columbia Ave

Filed 12/23 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Dec 21 1907

that I last saw h[illegible] alive on Dec 21 1907,

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or immediate.)

Acute Nephritis

(DURATION) 4 DAYS

Contributory (Primary.) Uremic Coma

16 hours (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia av

Date Dec 21 1907

Place of Burial Western

Date Dec. 24 190

Undertaker Jos B Cook

Address 1003 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7601 Registered No. B C 7601

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2816 Catherine St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie B Brown

{Residence, if in Baltimore, Give Street and Number.} 2816 Catherine St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR white

DATE OF BIRTH 13th Apr 1907

AGE — years, 8 months, 9 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos H. Brown

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Lena DeLaney

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred K Brown

(Address) 2816 Catherine St

Filed 12/23 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 22 1907 that I last saw h alive on Dec 22 1907, and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

Convulsions + Collapse

(DURATION) 9 DAYS

Contributory (Primary) — —

(DURATION) DAYS

(Signed) Wm H. Feddeman M.D.

Address 800 1st Ave

Date Dec. 22nd 1907

Place of Burial Mt Olivet Balto Co

Date Dec 24 1907

Undertaker Wm E C Lenowett & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 7602

Ward 9 C 7602 Registered No. B 10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1329 Valley St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Johan Jos. Smith,

{Residence, if in Baltimore, Give Street and Number.} 1329 Valley St.

Duration of Residence in Baltimore. 21 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 5, 1867

AGE: 40 years, 8 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: James Smith

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Brianna

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Butler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1329 Valley St.

Filed 12/23 1907 HARRY O'ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 20th 1907 that I last saw him alive on Dec 19th 1907 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.

Bronchio Pneumia,

(DURATION) DAYS

Con'tributory (Primary.) Grip,

(DURATION) DAYS

(Signed) W. McPearce M.D

Address 1238 Eutaw

Date Dec 23 1907

Place of Burial Long Green Md.

Date Dec 24th 1907

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10 C 7603 Registered No. B C 7603

134

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Mitchell

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: Aug: 12th 1832	
AGE: 75 years, 4 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James Mitchell
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Ann Price
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 12/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec: 23rd 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Dec 21 1907

and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay

15 months in bed (DURATION) DAYS

Contributory (Primary) Insanition (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Dec 23 1907

Place of Burial Holy Cross

Date Dec 26 1907

Undertaker H. C. Windefeld

Address 914 Gwynn's Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10 Registered No. B C 7604

921

CERTIFICATE OF DEATH.

(Place of Death.) No. 1134 Forrest Place St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ellen McDonald

{Residence, if in Baltimore, Give Street and Number.} 1134 Forrest Place

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 57 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick O'Neill

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Coan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Hown Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1134 Forrest Place

Filed 12/23 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21st 1907

I HEREBY CERTIFY, That I attended deceased from 15th Dec 1907 to 21st Dec 1907

that I last saw her alive on 20th Dec 1907

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Bronchopneumonia

(DURATION) 8 DAYS

(Signed) H. B. Reynolds M.D.

Address 709 W. Biddle St

Date Dec 23rd 1907

Place of Burial Cathedral

Date Dec 24 1907

Undertaker H. C. Windsor

Address 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7605 Registered No. B C 7605

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Shumaker

{Residence, if in Baltimore, Give Street and Number.} 1123 Orleans St.

Duration of Residence in Baltimore. 5 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 12 — 30 — 1868

AGE 39 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER F. Shumaker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lord Knorr

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Saw Grinder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Shumaker

(Address) 1123 Orleans St

Filed 12/23 1907 HARRY C. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1907 to Dec 21st 1907 that I last saw him alive on Dec 21 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) Several DAYS

Contributory (Primary.) Intemperance

(DURATION) Several DAYS

(Signed) E. Brasil M.D.

Address 1202 Hillsville Ave

Date Dec 22 1907

Place of Burial Baltic Ohio

Date Dec 23rd 1907

Undertaker Jacob Ahrens & Co

Address 754 N. Eutaw

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 C 7606 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel Gaines

{Residence, if in Baltimore, Give Street and Number.} 206 W Hamburg

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER John Gaines

BIRTHPLACE OF FATHER (State or country) Hardisburg Md

MAIDEN NAME OF MOTHER Harriett Warner

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriett Gaines

(Address) 206 N Hamburg St

Filed 12/23 1907

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 22 1907 that I last saw h[illegible] alive on Dec 21 1907, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 10 DAYS

(Signed) H M Caulf M.D.

Address 2005 Druid Hill Ave

Date Balto. 12/23 1907

Place of Burial Laurel MD

Date Dec 24th 1907

Undertaker C. L. Brown & Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ✓ C 7607 Registered No. B C 7607

CERTIFICATE OF DEATH.

8 ✓

(Place of Death.) No. 1622 Caulton Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Louis M. Fisher

{Residence, if in Baltimore, Give Street and Number.} 1622 Caulton Ave.

Duration of Residence in Baltimore. 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR White

DATE OF BIRTH not known. 1

AGE about 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Froike Fisher

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER not known.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Fisher

(Address) 1622 Carton Ave

Filed 12/23 1907

LARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1907 to Dec 23rd 1907 that I last saw h[illegible] alive on Dec. 22nd 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate) Rupture of heart and Pneumonia.

DURATION — DAYS

Contributory (Primary) Angina Pectoris

DURATION DAYS

(Signed) Herman Guernsey M.D.

Address 1937 Caulton Ave.

Date Dec. 23rd 1907 ✓

Place of Burial Hebrew Washington Blvd

Date Dec 24, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 7608 Registered No. B C 7608

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Flummerfelt

{ Residence, if in Baltimore, Give Street and Number. } 937 Penn. Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin Square Hospital

(Address) Calhoun & Fayette Sts

Filed 12/24 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1907 to Dec 23rd 1907, that I last saw him alive on " 1907, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Immediate Cause
Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. H. Branham M.D.

Address 2700 Eutaw Place
Per J. P. Strong M.D. Med. Supt.

Date 1907

Place of Burial Beaufort, New York

Date Dec 24 1907

Undertaker Geo. Bentz

Address 574 N. Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 7609 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Lee Maddox.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Black -
DATE OF BIRTH Dec. - 1893	
AGE 14 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Edward Maddox
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Julia Lee
BIRTHPLACE OF MOTHER (State or country)	Md -
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred Lee Felix Page

(Address) 312 St Paul St St Elizabeths home

Filed 12/24 " 1907 HARRY C. ARDREYS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Dec. 23, 1907 that I last saw h[illegible] alive on Dec. 23, 1907, and that death occurred, on the date stated above, at 6:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 3½ months

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Caroline St.

Date Dec. 23, 1907

Place of Burial Cathedral Cemetery

Date Dec. 24 1907

Undertaker Felix B Page

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

93

CERTIFICATE OF DEATH.

C 7610

Registered No. B

City of Baltimore, (No. 1002 E Preston St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bridget A. Ryan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: unknown (Month) (Day) 1862 Year)

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Michael Donnelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Fahey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph J Ryan

(Address) 1002 E Preston

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 22nd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1907 to Dec 22nd 1907 that I last saw her alive on Dec 22nd 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) DAYS

Contributory Nursing and Exhaustion

(DURATION) DAYS

(Signed) Howard E. Mosher M. D.

Dec 23 1907 (Address) 730 E Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec 24 1907

UNDERTAKER: F. A. Krause Bro — ADDRESS: 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE

3

C 7611

924

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7611

City of Baltimore, (No. 124 S. Dallas St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH Dec. 22 1907 (Month) (Day) (Year)

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED child

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Walter Smith

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Blanche Brown

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter D. Smith

(Address) 124 S. Dallas St.

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to Dec 22 1907 that I last saw her alive on Dec 22 1907, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Broncho pneumonia

(DURATION) 1 DAYS

Contributory heart failure

(DURATION) DAYS

(Signed) J. Roach M. D.

Dec 22 1907 (Address) 1503 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel

DATE OF BURIAL Dec 24 1907

UNDERTAKER R F Collett

ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 7612 Registered No. B C 7612

CERTIFICATE OF DEATH.

64 L

(Place of Death.) No. 1716 W. Fulton Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Edward Courts

{Residence, if in Baltimore, Give Street and Number.} 1716 Fulton Ave

Duration of Residence in Baltimore. Whole Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: [illegible] years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Washington Courts

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Wolfenden

BIRTHPLACE OF MOTHER (State or country): Baltimore Co.

OCCUPATION OF DECEASED: [redacted]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Courts

(Address) 1410 Retreat St.

Filed 12/24 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to 22 1907 that I last saw him alive on Dec 22 1907, and that death occurred, on the date stated above, at 3 P.M.

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J A Melenney M.D.

Address 1303 W. Lombard ave

Date Dec 23 1907

Place of Burial Baltimore Cem

Date Dec 24th 1907

Undertaker Hellenstine Bros Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

Mad 414 F

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7th — C 7614 Registered No. Bad 21

CERTIFICATE OF DEATH.

53

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick K Lane

{Residence, if in Baltimore, Give Street and Number.} 20, Bentalou st

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Godfried K Lane

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Frey

(Address) 16 Parrish Lane E

Filed 12/24 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from 10/21 1907 to 12/22 1907 that I last saw h in alive on 12/22 1907, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Leukemia

Myelogenous (DURATION) DAYS

(Signed) J. H. Lagg M.D.

Address Univ. Hosp.

Date Dec. 22 1907

Place of Burial Western Cemetery

Date Dec 24 " 1907

Undertaker N S Finch

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7613 Registered No. B C 7613

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 531 Wilson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgia M. Hughes

{Residence, if in Baltimore, Give Street and Number.} 531 Wilson St

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Dec. 2nd 1907

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Hughes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet J. Hughes

(Address) 531 Wilson Street

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190...

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Heart. Failure

(DURATION) 5 DAYS

Contributory (Primary.) Heart

(DURATION) 5 DAYS

(Signed) Dr. G. W. Kennard M.D.

Address 708 Ensor St.

Date Dec 23 - 1907

Place of Burial Mt Auburn

Date Dec. 26 1907

Undertaker Alex. Hemsley

Address 57 & W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7615

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

971

CERTIFICATE OF DEATH.

C 7615

Registered No. B .....

City of Baltimore, (No. 1137, York Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas A. Hart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 27th 1820 (Month) (Day) Year)

AGE: 87 years, — months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Boston Mass

FULL NAME OF FATHER: Thomas R. Hart

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Harriet Barber

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eliza C. Hart

(Address) 1137 York Road

Filed 12/24 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1907 to Dec. 22nd 1907

that I last saw him alive on Dec. 22nd 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Cardiac Insufficiency

(DURATION) 3 DAYS

Contributory Bronchial Pneumonia

(DURATION) 20 DAYS

(Signed) William J. Gillson M. D.

Dec. 23rd 1907 (Address) 1801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St. John's Waverly

DATE OF BURIAL: Dec 24 1907

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Road

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C 7616 Registered No. B 177

CERTIFICATE OF DEATH.

(Place of Death.) No. Payson St. near Edmondson Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allen Lewis

{Residence, if in Baltimore, Give Street and Number.} 242 Bowers Court (BOWERS COURT)

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 7 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Brooks Johnson

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Bertie Lewis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertie Lewis

(Address) 222 Rock St

Filed 12/24 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Accidentally Drowned

died instantly (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lucas Baccemis M.D.

Address Two Log Av. Colored

Date Dec. 22nd 1907

Place of Burial Mt Auburn

Date Dec 24 1907

Undertaker A. J. Freeland

Address 106 Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 7617 Registered No. B C 7617

93

CERTIFICATE OF DEATH.

(Place of Death.) No. N. E. Cor. Henrietta & Elmira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Helene C. M. Twelbeck.

{Residence, if in Baltimore, Give Street and Number.} N. E. Cor. Henrietta & Elmira

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 10th 1845

AGE 62 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Lüttkens

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hermann F. Twelbeck,

(Address) N. E. Cor. Henrietta & Elmira

Filed 12/24 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23d 1907

I HEREBY CERTIFY, That I attended deceased from December 17 1907 to December 23 1907 that I last saw her alive on December 22 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia crouposa.

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. H. A. Meyer M.D.

Address 1618 Madison Ave

Date XII/23 1907.

Place of Burial London Park

Date Dec. 26th 1907

Undertaker Jas & Jno H. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7618 Registered No. B C 7618.

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elmer Keen

{Residence, if in Baltimore, Give Street and Number.} 2123 Clifton Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	White
DATE OF BIRTH	July 9 1903
AGE	4 years, 5 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Jesse B Keen.
BIRTHPLACE OF FATHER (State or country)	~~Balto~~ Phila.
MAIDEN NAME OF MOTHER	Barbara Gilbert
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse B. Keen

(Address) 2123 Clifton Ave

Filed 12/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5" 1907 to Dec 5 1907

that I last saw h alive on Dec 5 1907.

and that death occurred, on the date stated above, at 6 15 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date Dec 22" 1907

Place of Burial Cathedral Keen.

Date Dec. 24 1907

Undertaker Wm Cook

Address 2502 E Fairmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7619

City of Baltimore, (No. 715 N. Wolfe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Anna M. Ritter

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. (Month) 31 (Day) 1842 (Year)

AGE 65 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Peltz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Berry

(Address) 2057 Wolfe

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Dec 23 1907

that I last saw h[er] alive on Dec 22 1907,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Hemiplegia
Exhaustion
DURATION 31 DAYS

Contributory Arthritis
DURATION ..... DAYS

(Signed) William F. Lucas M. D.

Dec 23 1907 (Address) 1407 N Ray

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec. 26 1907

UNDERTAKER Jos. J. Kerr — ADDRESS 1914 6. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C 7620

Registered No. B.....

City of Baltimore, (No. 116 Scott St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augusta Sheppard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Moffit

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa "

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard st

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 22 1907 that I last saw h[illegible] alive on Dec 22 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

One Week (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C. W. M. McElfish M. D.

Dec 23 1907 (Address) 837 W. Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 25th 1907

UNDERTAKER: John J. Fields

ADDRESS: 1200 W. Lombard st

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 7621 — Registered No. B C 7621

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Hobbs —

{Residence, if in Baltimore, Give Street and Number.} 21 Guilford Ave.

Duration of Residence in Baltimore. 2 Months.

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR B.

DATE OF BIRTH November 20. 1886

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Humphrey Hobbs

BIRTHPLACE OF FATHER (State or country) Roa. Hobbs

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ada Buckhalt

(Address) 21 Guilford Ave.

Filed 12/24 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1907 to Dec 22nd 1907

that I last saw h... alive on Dec 22nd 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Pleurisy

(DURATION) — DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W. H. Welch M.D.

Address Balto City Hospital

Date Dec 22nd 1907

Place of Burial Mt Auburn

Date 12/24 1907

Undertaker W. Doyle Bond

Address 17 E. Lee St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 7622

City of Baltimore, (No. 1910 Bradish Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henritta Coale

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Apr. (Month) 29 (Day) 1839 (Year)

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wrdow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Chas. Guyon

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Eckman

(Address) 1910 Braddish ave

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 22 1907 that I last saw h alive on Dec 22 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Old age.

(DURATION) ..... DAYS

Contributory Heart failure

(DURATION) ..... DAYS

(Signed) L C Dickson M. D.

Dec 22 1907 (Address) 3053 W. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: 12-26 1907

UNDERTAKER: Robt. Brookson — ADDRESS: 1229 W. Baltic St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 7623 Registered No. B C 7623

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1521 Myrtle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellenora Beard

{Residence, if in Baltimore, Give Street and Number.} 1521 Myrtle Ave.

Duration of Residence in Baltimore. 29 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH April 29 1821

AGE 86 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Hanover Pa.

FULL NAME OF FATHER Adam Fisher

BIRTHPLACE OF FATHER (State or country) Hanover Pa.

MAIDEN NAME OF MOTHER Mary Christann Forney

BIRTHPLACE OF MOTHER (State or country) Hanover Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Sue E Slagel

(Address) 1521 Myrtle Ave.

Filed 12/24 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1907 to Dec 23 1907 that I last saw her alive on Dec 22 1907, and that death occurred, on the date stated above, at 2:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

"

Senile decay

(DURATION) 23 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Baldwin Jacobs M.D.

Address 634 Mosher St.

Date Dec 23, 1907

Place of Burial Hanover Pa.

Date Dec 25. 1907.

Undertaker Jno E Hough Co

Address 942 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 7624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7624

City of Baltimore, (No. 317, E. Lafayette Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Rippard.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: April (Month) 16 (Day) 1845 (Year)

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER: James Rippard.

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Ann Hanks.

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo. Rippard.

(Address) 317 E. Lafayette Av.

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 23d (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1907, to Dec. 23d, 1907, that I last saw him alive on Dec 23d, 1907, and that death occurred, on the date stated above, at 6.50 P. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis.

(DURATION) ..... DAYS

Contributory Uremic poisoning. (DURATION) 3 DAYS

(Signed) Hugh Forsythe, M. D.

Dec. 23, 1907. (Address) 4246 E. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... Y

PLACE OF BURIAL OR REMOVAL: Laurel Md | DATE OF BURIAL: Dec 25 1907

UNDERTAKER: E M. Mitchell | ADDRESS: 120 W. Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 7625

CERTIFICATE OF DEATH.

Registered No. BC 7625

City of Baltimore, (No. 727 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter G. Fentress

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: March 16 (Month) (Day) 1857 (Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Cambridge Md.

FULL NAME OF FATHER: B. F. Fentress

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Claypie

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Fentress

(Address) 727 Dolphin St

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 21 1907 that I last saw him alive on Dec 21st 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Several years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) William J. Hessicks M. D.

Dec 23rd 1907 (Address) 166 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudan Park — DATE OF BURIAL: Dec 24 1907

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT [illegible]

C 7626 C 7626

Ward 23

Registered No. B ✓

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maud Smith

{Residence, if in Baltimore, Give Street and Number.} 12 W. West St.

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Oct. 4 1903

AGE 4 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Edward Smith

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Sophia Stumbeck

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David M. Raidy

(Address) 12 W. West St.

Filed 12/24 190 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1907 to Dec 23 1907 that I last saw h[illegible] alive on Dec 23 1907, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 17 hours DAYS

Contributory (Primary.) Pneumonia (DURATION) 8 DAYS

(Signed) Robt P. P. Lehr M.D. for L. J. Turlington

Address 1315 E. Baltimore St.

Date Dec. 23 1907

Place of Burial Baltimore Cemetery ✓

Date Dec 26 1907

Undertaker Jos. Stumbeck

Address 818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT

Ward 14

Registered No. B C 7627

C 7627

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Madison Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Pels

{ Residence, if in Baltimore, Give Street and Number. } 1509 Madison Ave.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 50 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Isaac Rosenbaum

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Rebecca Steinhart

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Pels

(Address) 1509 Madison Ave

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22 1907

I HEREBY CERTIFY, That I attended deceased from 1907 to Dec 22 1907

that I last saw h alive on Dec. 22 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Pancreatic Nephritis (DURATION) 5 yrs

(Signed) Jose L. Hirsh M.D.

Address 1819 Linden Ave

Date Dec. 23 1907

Place of Burial Balto Hebrew

Date Dec 24 1907

Undertaker David Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 7628 — Registered No. B C 7628

CERTIFICATE OF DEATH. 154 V

(Place of Death.) No. 215 Richmond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucinda Brunson

{Residence, if in Baltimore, Give Street and Number.} 215 Richmond St

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Col

DATE OF BIRTH: Dont Know

AGE: about 79 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Old age (Woman)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Burch

(Address) 1107 Dolphin Av

Filed 12/27 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Dec 23 1907 that I last saw her alive on Dec 22 1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. C. Hankins M.D.

Address 1202 Dundalk Ave

Date December 24 1907

Place of Burial Washington D C

Date Dec 24 1907

Undertaker J. A. Bird

Address 1107 Dolphin Av

WM. J. C. DULANY CO. BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

65 V

CERTIFICATE OF DEATH.

C 7629

Registered No. B .....

City of Baltimore, (No. 1333 N. Lafayette Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances S. Wall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 8 (Day) 1842 (Year)

AGE: 65 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thos J McLaughlin

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Wall Jr

(Address) 1333 W Lafayette Ave

Filed 12/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 22 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1907 to Dec. 22 1907 that I last saw her alive on Dec. 22 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Exhaustion (DURATION) 3 DAYS

Contributory Softening of the Brain (DURATION) 9 DAYS

(Signed) H. M. Stevenson M. D.

Dec 24 1907 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec 26 1907

UNDERTAKER: W J Saltmarsh Sons

ADDRESS: Cathedral & Pacca

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 7630 — Registered No. B C 7630

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 St. Mc Mechen (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Backer

{Residence, if in Baltimore, Give Street and Number.} 518 Mc Mechen st

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: May 27 1831

AGE: 76 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Backer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Fisher

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Backer

(Address) 518 Mc Mechen St.

Filed 12/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1907.

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 21 1907 that I last saw him alive on Dec 20 1907. and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Influenza

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas H Bubert M.D.

Address 1100 W Laf. Ave

Date Dec. 22 1907.

Place of Burial Loudon Park

Date Dec 24 1907

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 10 C 7631 Registered No. Bee C 7631

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick L. Kurtz

{Residence, if in Baltimore, Give Street and Number.} 806 N. Gilmore st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: [illegible]

About 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Kurtz

(Address) 806 N Gilmore st

Filed 12/27 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from 12/19 1907 to 12/22 1907 that I last saw him alive on 12/22 1907, and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Uremic coma,

(DURATION) 5 DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Dec. 23 1907

Place of Burial Baltimore City

Date Dec 24 1907

Undertaker W. Turnbull Sons

Address Conducts a cross

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 7 N.

C 7632 *Registered No.* B C 7632

66

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Community Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Heals.

{ Residence, if in Baltimore, Give Street and Number. } 710 McHenry St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: about 68 yrs

AGE: 68 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Weeley –

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Wargaret Walters

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John K. Kusack

(Address) # 710 McHenry st

Filed 12/24 1907 MARY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 21 1907

that I last saw her alive on Dec 21 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Bronchitis

(DURATION) DAYS

(Signed) Arthur M. Hurst M.D.

Address Community Hosp

Date Dec 21. 1907

Place of Burial Greenmount

Date 24 Dec 1907

Undertaker W J Pickney and Sons

Address 426 W Camden st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 ✓

CERTIFICATE OF DEATH. C 7633

Registered No. B

City of Baltimore, (No. Elizabeth K. Miller St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME 421 Andrea Alley

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August (Month) 1st (Day) 1823 (Year)

AGE: 84 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Müller

(Address) 2028 Gough St

Filed 12/27 1907

MARY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec - 22 - 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov - 2 - 1907 to Dec - 22 1907

that I last saw h[illegible] alive on Dec 22 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Senile Cardiac Dis - Oedema -

1 yr. + (DURATION) — DAYS

Contributory Senility

— (DURATION) DAYS

(Signed) [illegible] M. D.

Dec 23 1907 (Address) 125 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: St Mathews Cemetary

DATE OF BURIAL: Dec 26 1907

UNDERTAKER: L Ritz, Jr

ADDRESS: 2336 E Baltimore ✓

C 7634

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1794

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7634

Registered No. B.....

City of Baltimore, (No. 135 Talbot St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy. Carter.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored.

DATE OF BIRTH: August. 13 (Month) (Day) 1907 Year)

AGE: ..... years, 4 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City Md.

FULL NAME OF FATHER: Joseph Carter

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Alice Baxter

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Stubbs M.D.

(Address) 811 Gaunch an

Filed 12/24 1907

DANIEL C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to Dec. 16 1907

that I last saw h.. alive on Dec. 16 1907.

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Marasmus.

two months. (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) E. J. Stubbs Jr. M.D.

Dec 22 1907. (Address) 811 Gaunch an

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL | DATE OF BURIAL: DEC 23 1907

UNDERTAKER: Commissioner Health, Per Wm. E. WOODALL | ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B C 7635

C 7635

CERTIFICATE OF DEATH.

(Place of Death) No. Bay View Asylum St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Geo. A Lewis

{Residence, if in Baltimore, Give Street and Number.} 250 S Spring St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/24 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 26 1907 to Dec. 17 1907 that I last saw him alive on Dec. 17 1907, and that death occurred, on the date stated above, at 11 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) - DAYS

(Signed) Robt P Bay - M.D.

Address Bay View

Date Dec. 17 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 23 1907 1907

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 7636 — Registered No. B C 7636

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 119 N. York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Herms

{Residence, if in Baltimore, Give Street and Number.} 119 N. York St

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: 1856

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pete Mitchell

(Address) 119 N. York

Filed 12/24 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1907 to Dec 21 1907 that I last saw her alive on Dec 20 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

one year (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jennie N. Bimme M.D.

Address 1223 S. Charles St

Date Dec 23rd 1907 ✓

Place of Burial Mt Auburn Cem

Date December 24 1907

Undertaker Samuel H. Glass & Son

Address 1400 Hooker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore

Ward 11

C 7637 Registered No. B C 7637

661

CERTIFICATE OF DEATH.

(Place of Death.) No. 325 Tyson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah Fowler

{ Residence, if in Baltimore, Give Street and Number. } 325 Tyson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1837

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Allen

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hannah Allen

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Fowler

(Address) 325 Tyson

Filed 12/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Dec 22nd 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to Dec 22nd 1907, that I last saw her alive on Dec 5th 1907, and that death occurred, on the date stated above, at 12.05

11. CAUSE OF DEATH (Secondary or Immediate)

Chas Chaustin

Medical (DURATION) DAYS

Contributory (Primary.) Paralysis

All Summer (DURATION) DAYS

(Signed) A. Block M.D.

Address 607 N. Hughes St.

Date Dec 23 1907

Place of Burial Laurel Cem

Date Dec 25th 1907

Undertaker Samuel H. Chaustin

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward V

C 7638 Registered No. B C 7638

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Jaeske

{Residence, if in Baltimore, Give Street and Number.} 1719 Thames St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 71 years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael Jaeske

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Fannie Joswiak.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Jaeske.

(Address) 1719 Thames St

Filed 12/24 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23d 1907

I HEREBY CERTIFY, That I attended deceased from As Brown 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull, accidentally fell from 2d Story window.

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) 3 hrs DAYS

(Signed) J. D. Schutt Coroner M.D.

Address 211 W. Lanvale

Date Dec 24, 1907

Place of Burial Holy Rosary.

Date Tuesday Dec 24" 1907

Undertaker M. F. Dudowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

931

CERTIFICATE OF DEATH.

C 7639

Registered No. B .....

City of Baltimore, (No. 705, Little George St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Addie Sidonia Tarter

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH — — 1
(Month) (Day) Year)

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Mr Tarter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Laura J. Thomas

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Laura Tarter

(Address 705 E. George St.

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Dec 21 1907 that I last saw her alive on Dec 21 1907, and that death occurred, on the date stated above, at 7 30 P. M. The CAUSE OF DEATH was as follows:

Acute Crupous Pneumonia
Was sick (probably) 2 days before I saw her, making about (DURATION) 6 or 7 DAYS

Contributory None (DURATION) DAYS

(Signed) Pearce Kintzing M. D.

12/23 1907 (Address) 1823 St Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL Dec 24 1907

UNDERTAKER R A Elliott — ADDRESS 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore

Ward 10 C 7640 Registered No. B C 7640

CERTIFICATE OF DEATH.

61 V

(Place of Death.) No. 8 N. Port St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie I. Shaller

{Residence, if in Baltimore, Give Street and Number.} 8 N. Port st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 4th 1907

AGE — years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Frank Shaller

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Katie Bowers

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Shaller

(Address) 8 N. Port St.

Filed 12/24 1907 DANIEL C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24/07 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Dec 24 1907

that I last saw her alive on 11 a 1907, and that death occurred, on the date stated above, at 10 45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 12 DAYS

Contributory (Primary.) Dentitis

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date Dec 24 1907

Place of Burial Holy Redeemer Cemetery

Date Dec 26/07 1907

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 20th

C 7641

C 7641

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2582 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Schultz

{ Residence, if in Baltimore, Give Street and Number. } 2582 W. Fayette

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 28th 1870

AGE: 37 years, 8 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Schultz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Schultz (wife)

(Address) 2582 W. Fayette

Filed 12/24 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1907 to Dec. 23rd 1907

that I last saw him alive on Dec 22nd 1907,

and that death occurred, on the date stated above, at 8:46 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion-

Nausea

almost no nourishment

retained for (DURATION) 3 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 3½ DAYS

(Signed) John S. Kolly M.D.

Address 714 N. Eden St

Date December 23rd 1907

Place of Burial Baltimore Cemetery

Date December 26th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — Registered No. B C 7642 (C 7642 93)

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Harford av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian E Fischer

{ Residence, if in Baltimore, Give Street and Number. } Life time

Duration of Residence in Baltimore. 1615 Harford ave

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	W

DATE OF BIRTH: Feb 26 1901

AGE: 6 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm Fischer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Emma Ewan

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Fischer

(Address) 1615 Harford av

Filed 12/24 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 24, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1907 to Dec 24 1907 that I last saw her alive on Dec 23 1907, and that death occurred, on the date stated above, at 4.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 20 DAYS

Contributory (Primary.)

Chorea (DURATION) 20 DAYS

(Signed) R. R. Elwell M.D.

Address 1741 Hartford ave

Date Dec 24, 1907

Place of Burial Baltimore

Date Dec 26 1907

Undertaker Wm F Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 7643 — Registered No. B C 7643

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1939 Fairmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Trageser

{ Residence, if in Baltimore, Give Street and Number. } 1939 Fairmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Dec. 23 d. 1907

AGE ..... years, ... months, 6 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph Trageser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Stubler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Trageser

(Address) 1939 Fairmount Ave

Filed 12/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. — 23 — 1907

I HEREBY CERTIFY, That I attended deceased from Dec. - 23 1907 to Dec - 23 1907 that I last saw h er alive on Dec. 23 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis pulmonum

(DURATION) 6 hours DAYS

Contributory (Primary.) Atelectasis pulmonum (DURATION) 6 hours DAYS

(Signed) P. L. Dausel M.D.

Address 121 - Jackson Square

Date Dec. - 24 1907

Place of Burial Holy Redeemer Cemetery

Date Dec 24 1907

Undertaker Henry Stock & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C 7644 Registered No. B C 7644

Ward 6 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1939 Fairmount Ave ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Trageser

{Residence, if in Baltimore, Give Street and Number.} 1939 Fairmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Of Color

DATE OF BIRTH Dec. 23. 1907

AGE ..... years, ... months, 6 Hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph. Trageser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Stuhler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Trageser

(Address) 1939 Fairmount Ave.

Filed 12/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. - 23 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec. - 23 - 1907 to Dec. 23 - 1907

that I last saw him alive on Dec. - 23 - 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis pulmonum

6 hours (DURATION)

Contributory (Primary.) Atelectasis pulmonum 6 hours (DURATION)

(Signed) Ph. Daniel M.D.

Address 121 - Jackson Square

Date Dec. - 24 - 1907

Place of Burial Holy Redeemer Cemetery

Date Dec 24. 1907

Undertaker Henry Stueck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 20

C 7645

Registered No. B C 7645

CERTIFICATE OF DEATH.

920

(Place of Death.) No. 119 S. Bethel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Balthasar Geise

{Residence, if in Baltimore, Give Street and Number.} 119 S. Bethel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 19 1865

AGE: 42 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Valentine Geise

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agatha Geise

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Geise

(Address) 119 S. Bethel

Filed 12/24 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1907 to Dec. 23rd 1907

that I last saw h[illegible] alive on Dec. 22nd 1907

and that death occurred, on the date stated above, at 6.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Hypostatic

(DURATION) 6 DAYS

Contributory (Primary.) Diabetes

(DURATION) 12 mos. DAYS

(Signed) A. F. Rice M.D.

Address 213 S. Bond St.

Date 190

Place of Burial St. Alphonsus Cemetery

Date December 26th 1907

Undertaker Germanus Grenier

Address 1 Bank by Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 7646 — Registered No. B C 7646

CERTIFICATE OF DEATH.

120 1

(Place of Death.) No. 1224 Orlean St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan White

{Residence, if in Baltimore, Give Street and Number.} 1224 Orlean St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1840

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Susan green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Smack

(Address) 1424 Orleans St

Filed 12/24 1907

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 22 1907 that I last saw her alive on Dec 22 1907, and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 3 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) 9a DAYS

(Signed) Harry M Wegforth M.D.

Address 2 W. North Ave.

Date Dec 23 1907

Place of Burial Laurel Cemetery

Date Dec 24 11 1907

Undertaker Chas. G. Bailey

Address 1421 Jefferson St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 7647

Ward 4 C 7647 Registered No. B 64 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 N. Wonford Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christine Weiss

{Residence, if in Baltimore, Give Street and Number.} 1715 N. Wonford Ave

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 24th 1832

AGE: 75 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Müller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Weiss

(Address) 7 N. Duncan Alley

Filed 12/24 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to Dec 24 1907

that I last saw h alive on Dec 20th 1907.

and that death occurred, on the date stated above, at 8:20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Apoplexy & Paralysis

(DURATION) DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Broadway

Date Dec 24th 1907

Place of Burial Mount Carmel Cemetery

Date Dec 26 1907

Undertaker Louis Hemsath

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 16 C 7648 Registered No. B C 7648

CERTIFICATE OF DEATH.

64V

(Place of Death.) No. 1161 Whatcoat St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Shubert

{ Residence, if in Baltimore, Give Street and Number. } 1161 Whatcoat St

Duration of Residence in Baltimore. 49 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany Bayern

FULL NAME OF FATHER Pankratz Brehm

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary K Hemmiger

(Address) 1161 Whatcoat St

Filed 12/24 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 21 1907

that I last saw h alive on Dec 21 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Old age (DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) J. Thomas Hilson M.D.

Address 1300 N Wicker St

Date Dec. 22 1907

Place of Burial Holy Redeemer

Date 12/25 1907

Undertaker Wm J Schillin

Address 911 P Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7649

C 7649

Ward 18 Registered No. B

CERTIFICATE OF DEATH.

12 V

(Place of Death.) No. 312 N. ~~Shorter~~ Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Flora Rogoff.

{ Residence, if in Baltimore, Give Street and Number. } 312 N. Shorter St.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Lee Shroder

BIRTHPLACE OF FATHER (State or country) Russia,

MAIDEN NAME OF MOTHER Thrsa Suling

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Rogoff

(Address) 312 N. ~~Shorter~~ St.

Filed 12/25 '07

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 24 1907 that I last saw h alive on Dec 23 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia.

(DURATION) DAYS

Contributory (Primary.) Cystitis

1 1/2 yrs (DURATION) DAYS

(Signed) Ed. T. Richardson M.D.

Address Johns Hopkins Hospital

Date Dec - 24 - '07 190

Place of Burial Randalls Cemetery

Date Dec 25 1907

Undertaker Mat Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 7650

Ward 5 C 7650 Registered No. B 151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name (Infant) Rezneck.

{Residence, if in Baltimore, Give Street and Number.} 522 Exeter St

Duration of Residence in Baltimore. — life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Pomerance

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Gittle Pomerance

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N Rezneck

(Address) 522 Exeter st

Filed 12/25 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1904

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1907 to Dec 24 1907 that I last saw h[illegible] alive on Dec 24 1907, and that death occurred, on the date stated above, at 90 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary.) Patient was delivered at 7th month, mother had Eclampsia (DURATION) DAYS

(Signed) Thomas Bayley Jr M.D.

Address Hebrew Hospital

Date Dec 24 1907

Place of Burial Boardale Cemetery

Date Dec 26 1907

Undertaker J May Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 7651 — Registered No. B C 7651

CERTIFICATE OF DEATH.

35 V

(Place of Death.) No. 1121 East Lombard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Ida Bernstein

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Russian & Bristol, five & 6 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Sam Bernstein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Swartz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Bernstein

(Address) 1121 East Lombard st

Filed 12/25 1907

HARRY O. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23d 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 23 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 12 p.m. CAUSE OF DEATH (Secondary or Immediate)

Scrofula from birth — leg had been operated upon at Hopkins Hospital.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 21 DAYS

(Signed) J. D. Gelstart M.D. Coroner

Address 211 W. Lanvale

Date Dec 24th 1907

Place of Burial Roasdale Cemetry

Date Dec 25 1907

Undertaker Max Leinman

Address 1626 W. Eldorado st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 7652 Registered No. B C 7652

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 Wellcome Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J Brown.

{Residence, if in Baltimore, Give Street and Number.} 517 Wellcome al

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH 1

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jasper Bush

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Brown

(Address) 377 wellcome al

Filed 12/25 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 6 1907 to Dec 23 1907 that I last saw her alive on 11 23 1907, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

12 Mos. (DURATION) DAYS

Contributory (Primary.) Gen. Dropsy

6 Mos (DURATION) DAYS

(Signed) A. L. Nuckols, M.D.

Address 524 S. Paca St

Date Dec 24 1907

Place of Burial Mt Auburn

Date Dec 25 1907

Undertaker Sand Toad

Address 1518 Monroe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

C 7653

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 7653

Registered No. B

City of Baltimore, (No. 147 W. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Boyer

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	colored

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 1 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Benj. Boyer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maggie Burr

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Boyer

(Address) 147 W Hamburg

Filed 12/15 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 3.0 M. to Dec 23 1907 9.0 M.

that I last saw h alive on Dec. 23 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Which was prob. tubercular (DURATION) DAYS

Contributory Rickets (DURATION) DAYS

(Signed) Meyerlook Willis M. D.

Dec. 24 1907 (Address) 810 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 25 1907
UNDERTAKER	ADDRESS
Jno H. Bradwell	143 West

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 7654 Registered No. B C 7654

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 E. Lexington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Levin

{Residence, if in Baltimore, Give Street and Number.} 1218 E. Lexington St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: Wh

DATE OF BIRTH: 1890

AGE: 17 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Louis H. Levin

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Block

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: School-girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Levin

(Address) 1218 E. Lexington St

Filed 12/25 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to date ~~1907~~ that I last saw h[er] alive on Dec. 18 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) 270 DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Dec. 25 1907

Place of Burial Roadale Cemetry

Date Dec 25 1907

Undertaker Mat Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

C 7655 C 7655

Ward 14 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vinct. ~~Infant~~ Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Zakrzone

{ Residence, if in Baltimore, Give Street and Number. } St Vincts Inf. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR N

DATE OF BIRTH (Dec.) 1907

AGE ..... years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vin Inf Asy

(Address)

Filed 12/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to 12/23 1907

that I last saw her alive on 12/22 1907,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. H. Hayward M.D.

Address 1230 N Caroline

Date 12-23, 1907.

Place of Burial St Peters Cem

Date Dec 25 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 7656 — Registered No. B C 7656

CERTIFICATE OF DEATH.

(Place of Death.) No. 154 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Blumer

{Residence, if in Baltimore, Give Street and Number.} 154 W Hamburg St

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 9 1859

AGE 48 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Barnhard Blumer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Elizabeth Bose

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Meyer sister

(Address) 1048 Jarrett

Filed 12/25 1907 HENRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 23 1907

that I last saw h[illegible] alive on Dec 23 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary) Uraemia

(DURATION) DAYS

(Signed) Chas W Leonhardt M.D.

Address 1017 E Chase

Date Dec 24 1907

Place of Burial Holy Cross M. C.

Date Dec 26 1907

Undertaker Jos. Stuntebeck

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 7657 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 206 N. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otten Phelps

{ Residence, if in Baltimore, Give Street and Number. } 206 N Paca

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/25 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907

I HEREBY CERTIFY, That I attended deceased from as corner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) Unknown DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) D. Blackburn Coroner M.D.

Address

Date Dec 24 1907

Place of Burial Severn Station A.A. Co. Md

Date Dec 26 1907

Undertaker Commissioner of Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 13 C 7658 Registered No. B 177

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Reddington

{ Residence, if in Baltimore, Give Street and Number. } 406 Hickory Ave

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Wm Toole

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kilroy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W J Reddington

(Address) 406 Hickory Ave

Filed 12/25 1907 JANET C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2w 1907 to Dec. 19th 1907

that I last saw her alive on Dec. 19th 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 405 Fells Road

Date Dec 25th 1907

Place of Burial St. Marys Govanstown

Date Dec 26 1907

Undertaker H S Mansfield

Address 1639 Fell Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 16 C 7659 Registered No. B C 7659

CERTIFICATE OF DEATH.

10 V

(Place of Death.) No. 831. Calverton Rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan F. Dobbin

{Residence, if in Baltimore, Give Street and Number.} 831. Calverton Rd.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
female	White
DATE OF BIRTH	1
AGE	68 years, m months, m days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Dobbin

(Address) 831. Calverton Rd

Filed 12/25 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 23 1907 that I last saw h er alive on Dec 23 1907 and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis
+ Influenza

(DURATION) 9 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYs

(Signed) Chas H. Burkert M.D.

Address 1100 W. Laf. Ave.

Date Dec 24 1907.

Place of Burial Ridge Cemetery

Date Dec 26 1907

Undertaker Wm Cook

Address 1502 E Madison Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Balti...

Ward 17 — C 7660 — Registered No. B ... C 7660 — 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1330 Division St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Freeman J Donnelly

{Residence, if in Baltimore, Give Street and Number.} 1330 Division St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Bernard Donnelly

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Virginia Freeman

BIRTHPLACE OF MOTHER (State or country): Wash D C

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Kirby

(Address) 602 Pitcher St.

Filed 12/25 1907 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1907 to December 23 1907

that I last saw him alive on December 23 1907

and that death occurred, on the date stated above, at 6.00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Con'tributory (Primary.) Tuberculosis of Larynx

(DURATION) ... DAYS

(Signed) Geo. H. Lauer Bach M.D.

Address 635 Mosher St

Date December 24th 1907

Place of Burial Cathedral Cem

Date Dec 26 1907

Undertaker Wm Cook

Address 502 E. North.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 24 C 7661 Registered No. B [illegible] 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 Battery ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Morgan

{Residence, if in Baltimore, Give Street and Number.} w/h 1100 Battery Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 23 1807

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm B Morgan

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mattie Marshall

BIRTHPLACE OF MOTHER (State or country) King & Queen Co Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B. Morgan

(Address) 1100 Battery ave

Filed 12/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to 24 1907 that I last saw h[illegible] alive on Dec 24 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Resp atax failure

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) J F Burdine M.D.

Address 232 E Cross St

Date Dec 25 1907

Place of Burial Newport News Va.

Date DEC 25 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

1111

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTME

OFFICE OF REGIS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7662

City of Baltimore, (No. 212 E. Montgomery St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Zachariah Mitchell.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 24 1828 (Month) (Day) (Year)
AGE	79 years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Wesley Mitchell
BIRTHPLACE OF FATHER (State or country)	Do not know
MAIDEN NAME OF MOTHER	Do not know
BIRTHPLACE OF MOTHER (State or country)	Do not know
OCCUPATION OF DECEASED	Sailmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Harry S. Mitchell

(Address) 2106 E Baltimore St

Filed 12/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23- 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 28- 1907 to Dec. 23- 1907 that I last saw h living alive on Dec. 23- 1907, and that death occurred, on the date stated above, at 9:55 P. M. The CAUSE OF DEATH was as follows: Senility. chronic gastritis. & Hepatic congestion following. Grippe last winter.

(DURATION) nearly 1 year DAYS

Contributory anaemia, Hemorrhage from stomach. (DURATION) DAYS

(Signed) J. Hurd Brown M. D.

Dec. 26- 1907 (Address) 315 N. Paca St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: ~~LOUDON PARK~~ Mt Olivet Cem

DATE OF BURIAL: DEC 26 1907

UNDERTAKER: Armstrong Denny Co.,

ADDRESS: 715 Light Street.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTME

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7663

Registered No. B .....

City of Baltimore, (No. 1452 William St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Connolly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Terrence McAdams

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Riehl

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Connolly

(Address) 1452 William

Filed 12/25—1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 30" 1907 to Dec 23" 1907

that I last saw her alive on Dec 23" 1907,

and that death occurred, on the date stated above, at 3 15 P. M. The CAUSE OF DEATH was as follows:

1 Pneumonia Lobaris
Acute Gastritis

(DURATION) 23 DAYS

Contributory Acute Bronchitis & Emphysema Senilis (DURATION) 7 DAYS

(Signed) J. F. McDonald M. D.

Dec 24 1907 (Address) 302 E. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery | DATE OF BURIAL: Dec 26 1907

UNDERTAKER: Daniel & Margt. Flynn | ADDRESS: 42 E. West St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and No.)

Full Name Joseph Oklinski.

{Residence, if in Baltimore, Give Street and Number.} 614 S. Ann

Duration of Residence in Baltimore. 26 yrs C 7664

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 70 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Magey Wisneski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. F. Sadowski.

(Address) 703 S. Ann St

Filed 12/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Dec 24 1907

that I last saw h alive on Dec 24 1907,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

acute Anemia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 164 Broadway

Date Dec 25

Place of Burial St Stanislaus

Date Thursday Dec 26 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C-7665
thru
C-7667
missing

HEALTH DEPARTMENT, City of Baltimore

C 7668

C 7668 Registered No. B 792

Ward 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 2656 Young St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Doyle

{Residence, if in Baltimore, Give Street and Number.} 2656 Young

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE 40 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Dennis Doyle

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christopher Doyle

(Address) Confederate Govanstown

Filed 12/26 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 23 1907

that I last saw h alive on Dec 23 1907

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Sudden

(DURATION) 1 DAYS

Contributory (Primary.) Organic Heart

(DURATION) Yrs. DAYS.

(Signed) Thomas Jones M.D.

Coroner for

Address Dec. 24 1907

Date Dec. 24 1907

Place of Burial St Marys Govans

Date Dec 26 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7669 — C 7669

Ward 10 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 E Biddle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F Colwell

{Residence, if in Baltimore, Give Street and Number.} 616 E Biddle St

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —— 1

AGE: 63 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: John Colwell

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Paper Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Colwell

(Address) Elkin City.

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21 1907 to Dec 25 1907 that I last saw him alive on Dec 24 1907 and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anaemia

(DURATION) DAYS

Contributory (Primary.) ——

(DURATION) DAYS.

(Signed) Wm Pearce M.D.

Address 1238 Greenstreet

Date Dec 25 1907

Place of Burial Woodbine Cemetery

Date Dec 27 1907

Undertaker Wm Cook

Address 1028 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 7670 Registered No. B C 7670

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence William Burroughs

{Residence, if in Baltimore, Give Street and Number.} 618 S. Monroe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Stephen D. Burroughs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amelia Krouse

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Jourdan

(Address) 217 S. Pace

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 24 1907

that I last saw him alive on Dec 24 1907,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 14 DAYS

Con'tributory (Primary) Gastro Enteritis

(DURATION) DAYS

(Signed) Arthur Jones M.D.
Coroners

Address

Date Dec 24 1907

Place of Burial Western Cem.

Date Dec 26 1907

Undertaker Jos. Jourdan, Jun.

Address 217 S. Pace.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7671 Registered No. B C 7671

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 S. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanislaw Bielatowicz

{Residence, if in Baltimore, Give Street and Number.} 405 S. Bond St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Catholic

DATE OF BIRTH March 1874

AGE 33 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Galacia Poland

FULL NAME OF FATHER Andrzej Bielatowicz

BIRTHPLACE OF FATHER (State or country) Galacia Poland

MAIDEN NAME OF MOTHER Petronela Binkowna

BIRTHPLACE OF MOTHER (State or country) Galacia Poland

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Katharine Bielatowicz

(Address) 405 S. Bond St

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1907 to Dec. 25 1907 that I last saw him alive on Dec. 24 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.)

Dysentery (DURATION) 20 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Dec. 25, 1907

Place of Burial St. Stanislaus

Date Dec. 27th 1907

Undertaker Jacob Piatkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7672 Registered No. B C 7672

CERTIFICATE OF DEATH.

18 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amos Douglas

{ Residence, if in Baltimore, Give Street and Number. } 1132 Pennsylvania Ave

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 16 E Eager St

Filed 12/26 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 24 1907

that I last saw h alive on Dec 24 1907, 8 20

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (acute)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date Dec 25 1907

Place of Burial Laurel

Date Dec 26 1907

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — Registered No. B C 7673

C 7673

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 231. N. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Eveline Davis

{Residence, if in Baltimore, Give Street and Number.} 231. N Durham St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH Jan 29 1907

AGE ..... years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wesley Davis

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mayme Moor

BIRTHPLACE OF MOTHER (State or country) St Marys Co. Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mayme Davis

(Address) 231 N. Durham

Filed 12/26 1907 HARRY O. ARDREYS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 25 1907

that I last saw her alive on Dec 24 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-Pneumonia

(DURATION) 21 DAYS

Con'tributory (Primary.) Convulsions

3 hours (DURATION) — DAYS

(Signed) Rudolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Dec 25 1907

Place of Burial ~~Arbutus~~ Laurel Cem

Date Dec 27 1907

Undertaker R. T. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7674 Registered No. B C 7674

664

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Binder

{Residence, if in Baltimore, Give Street and Number.} 117 N. Exeter St.

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH 1

AGE 71 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Hyman Binder

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Pearl Rudnick

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant M. Binder

(Address) 117 N Exeter st

Filed 12/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1907 to Dec 25 1907 that I last saw h ve alive on Dec 25 1907, and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) DAYS

Contributory (Primary.) Hemiplegia

(DURATION) DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Dec. 25 1907

Place of Burial Rosedale Cemetery

Date Dec 26 1907

Undertaker Max Levinson

Address 1621 N. Eldersley st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C 7675 — Registered No. B C 7675

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 William St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margarett A. Merrill

{Residence, if in Baltimore, Give Street and Number.} 1534 William St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Not Known. 1831

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Bolen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Bolen.

(Address) 1534 William

Filed 12/26 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to DEC 25 1907

that I last saw h[illegible] alive on Dec 24 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

about 3 Mo (DURATION) DAYS

Con'ributory (Primary.) Old age

(DURATION) DAYS

(Signed) Chas L Fellmeth M.D.

Address DEC 25 1907 N. E. Cor. Lafayette & Carrollton Aves

Date 190

Place of Burial Cedar Hill Cemetery

Date Dec. 26 1907

Undertaker Edw. J Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 C 7676 Registered No. B C 7676 1908

CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 James Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. O'Hester

{Residence, if in Baltimore, Give Street and Number.} 1021 James Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 20 1880

AGE: 27 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth O'Hester

(Address) 1021 James Lane

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23 1907

I HEREBY CERTIFY, That I attended deceased from September 13 1907 to Dec. 23 1907

that I last saw him alive on Dec 23 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septic Endocarditis

(DURATION) 25 DAYS

Con'tributory (Primary) Injury to knee joint caught between two cars of U Ry & Co (DURATION) 100 DAYS

(Signed) Otto Meinhardt M.D.

Address 1017 S Charles St

Date December 24 1907

Place of Burial Western Cem Dec 26th 1907

Undertaker C. Schuman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7677 Registered No. B C 7677

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard E. Nickles

{Residence, if in Baltimore, Give Street and Number.} 523 S. Charles St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Born Feb 19th 1878

AGE: 29 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George C. Nickles

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Georgeanna Forsyth

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George C Nickles

(Address) 120 Scott st

Filed 12/26 1907

HARRY O. ANDRESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from 10 wks ago to Dec 25 1907

that I last saw him alive on Dec 24 1907, and that death occurred, on the date stated above, at 2:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 10 wks DAYS

Contributory (Primary) Uraemia

(DURATION) 3 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date Dec 25 1907

Place of Burial Mount Olivet

Date Dec 27th 1907

Undertaker E Schloman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore

Ward 17 C 7678 Registered No. B C 7678

CERTIFICATE OF DEATH.

27

(Place of Death.) No. #2512 N. Calvert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Judd Kahl

{ Residence, if in Baltimore, Give Street and Number. } #2512 N. Calvert St.

Duration of Residence in Baltimore. 57 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. 11th 1849

AGE: 58 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Judd

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Kahl

(Address) 2512 N. Calvert St

Filed 12/26 1907 HARRY O. ARDERN, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 24 1907

that I last saw her alive on Dec 23 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diffuse tuberculosis

(DURATION) 24 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) C. C. Ryan M.D.

Address 2006 E. Balt. St.

Date Dec 24 1907

Place of Burial: Balto. Cemetery

Date: 12/26/07 1907

Undertaker: J. Herwig & Son

Address: #2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7679

City of Baltimore, (No. 1204 Hoffman Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Chas. Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 8th 1877 (Month) (Day) (Year)
AGE	28 years, 11 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	James Thompson
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Susan Jane Bell
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Tully

(Address) 1408 Ashland Ave

Filed 12/26 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23rd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1907 to Dec 23rd 1907

that I last saw him alive on Dec 23rd 1907

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Peritonealis

(DURATION) 10 DAYS

Contributory Visceral Tuberculosis

(DURATION) DAYS

(Signed) John L. Dorsch M. D.

Dec 26th 1907 (Address) #936 Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	12/26/ 1907
UNDERTAKER	ADDRESS
J Henry Son	Arlington

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 7680

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7680

City of Baltimore, (No. 501 N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Louise Steiner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 24 (Day) 1904 (Year)

AGE: 3 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Edward E. Steiner

BIRTHPLACE OF FATHER (State or country): Frederick Co. Md

MAIDEN NAME OF MOTHER: Ida Dambman

BIRTHPLACE OF MOTHER (State or country): Baltimore City.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward E Steiner

(Address) 501 N. Fulton Ave

Filed 12/26 1907

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 24th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1907 to Dec 24th 1907 that I last saw her alive on Dec 24th 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Influenza (Gastro-intestinal type)

(DURATION) 4 DAYS

Contributory Exhaustion (DURATION) 4 DAYS

(Signed) C. K. Mitchell M. D.

Dec 24 1907 (Address) 1002 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loraine Cem	Dec 26 1907
UNDERTAKER	ADDRESS
Geo J Smith & Co	N. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7681 Registered No. B C 7681

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 802 Mangold St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Marie Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 802 Mangold St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 23 1889
AGE	18 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Thos. J. Hoffman
BIRTHPLACE OF FATHER (State or country)	Jersey City, New Jersey
MAIDEN NAME OF MOTHER	Catherine Geathgley
BIRTHPLACE OF MOTHER (State or country)	Jersey City, New Jersey
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. Hoffman

(Address) 802 Mangold St.

Filed 12/26 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Dec 24 1907 that I last saw h alive on Dec 22 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonum

(DURATION) 18 DAYS

Contributory (Primary) Enlargement

(DURATION) 30 DAYS

(Signed) Edw Bennett M.D.

Address 517 S 10th St

Date Dec 26 1907

Place of Burial Bonnie Brae December 27

Date 1907

Undertaker Jas. Dignan & Sons

Address 1013 Ridgely St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7682 Registered No. B C 7682

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1712 Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Etta Woodland

{ Residence, if in Baltimore, Give Street and Number. } 1712 Fremont Ave

Duration of Residence in Baltimore. Six years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	Colored

DATE OF BIRTH 1

AGE about 23 yr ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Charles Co Md

FULL NAME OF FATHER George Chisley

BIRTHPLACE OF FATHER (State or country) Prince Georges

MAIDEN NAME OF MOTHER Dennie Mack

BIRTHPLACE OF MOTHER (State or country) Charles

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W Chisley

(Address) 1405 E Oswald St

Filed 12/26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Four mos. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Bowman M.D.

Address 703 Leg. Av. (Corner)

Date Dec. 25th 1907

Place of Burial St Peters

Date Dec 27th 1907

Undertaker Charles B Wright

Address 814 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 7683 Registered No. B C 7683

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie M Courtney

{Residence, if in Baltimore, Give Street and Number.} 1754 E Hoffman St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Courtney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rosa Kelly

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Courtney

(Address) Eastern heights Balto County Md

Filed 12/26 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Dec 24 1907 that I last saw her alive on Dec 24 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia, (DURATION) 5 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Dec 25 1907

Place of Burial 1st Evangelical Cemetery

Date Dec 27th 1907

Undertaker Christian Miller

Address 3330 Jefferson st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9V

CERTIFICATE OF DEATH.

C 7684

Registered No. B.....

City of Baltimore, (No. 1619, St.; Clemetery Lane Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Callis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct (Month) 22 (Day) 1906 (Year)

AGE 1 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Vincent Callis

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER Mamie Maguire

BIRTHPLACE OF MOTHER (State or country) New York.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mammie Callis

(Address) 1619 Cemetery Lane

Filed 12/26 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 25 1907

that I last saw h[illegible] alive on Dec 25 1907,

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Laryngeal Diphtheria

asthenia. (DURATION) 24 Hrs

Contributory ..... (DURATION) ..... DAYS

(Signed) William Francis M. D.

Dec 25 1907 (Address) 1407 N Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Dec. 26 1907
UNDERTAKER	**ADDRESS**
A. Fink & Son	916 N. Gay St

WM. J. C. DULANY CO., BALTIMORE

4 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14 ✓

CERTIFICATE OF DEATH. C 7685

Registered No. B.....

City of Baltimore, (No. 622 N. Monroe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Kretzschmar

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July (Month) 5th (Day) 1894 (Year)

AGE 13 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Gustav Richard Kretzschmar

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ida Rehbein

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav R. Kretzschmar

(Address) 622 N. Monroe str

Filed 12/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 17 1907 to December 23 1907 that I last saw h.. alive on December 23 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Abscess of the brain

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. John Vassalli M. D.

Dec 23 1907 (Address) 649 N. Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence 622 N. Monroe St. How long at Place of Death? 4 days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Dec 26th 1907

UNDERTAKER P. H. Seewald, Son | ADDRESS 114 S. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 7686 Registered No. B C 7686

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Leiman

{Residence, if in Baltimore, Give Street and Number.} 8 days - City Hospital

Duration of Residence in Baltimore. 8 days (Immigrant)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S -

BIRTHPLACE (State or country): Germ.

FULL NAME OF FATHER: -

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: Lab -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Schumacher Bro

(Address) 7 S. Gay St

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Dec 25 1907 that I last saw h[er] alive on Dec 25 1907, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of Lung & Empyema

(DURATION) 8 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R W Baker M.D.

Address Balto City Hospital

Date Dec 26 1907

Place of Burial 1st Evangelic Lan

Date Dec 26 1907

Undertaker H Lander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 7688

Ward 5

C 7688 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath & Hopkins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John O Connor (Colored)

{Residence, if in Baltimore, Give Street and Number.} 842 Hollins St

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: M
DATE OF BIRTH: 1	
AGE: 57 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 12/26 1907

HARRY O. ARONEY, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Dec 25 1907 that I last saw h— alive on Dec 25 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
Broken Compensation

(DURATION) 12 DAYS

Contributory (Primary.) Exhaustion.

(DURATION) 1 DAYS

(Signed) W W Esher M.D.

Address Baltimore & Hopkins

Date Dec 25 1907

Place of Burial New Cathedral Cem.

Date Dec 27. 1907.

Undertaker McGinnis and Conrad

Address 1217 Madison Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7687 Registered No. B C 7687

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 18 E. 21 St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. S. Weaver

{Residence, if in Baltimore, Give Street and Number.} 18 E. 21 St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Jan 8th 1843

AGE 64 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Fedrick C Weaver

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary A Tagert

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert S Weaver Jr

(Address) 700. N Franklin

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Dec 24 1907

that I last saw him alive on Dec 24 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia (DURATION) 3 DAYS

Contributory (Primary.) Fatty Degeneration Heart Indefinite (DURATION) DAYS

(Signed) S. R. Wauth M.D.

Address 765 3rd Ave

Date Dec 25" 1907

Place of Burial Balto Cem

Date Dec 27th 1907

Undertaker G. F. Walker

Address 223 W Lafayette Ave

J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 7689 Registered No. B C 7689

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 E Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Daniel

{Residence, if in Baltimore, Give Street and Number.} 532 So. Eutaw St.

Duration of Residence in Baltimore. 1 1/2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West India Is

FULL NAME OF FATHER: James Daniels

BIRTHPLACE OF FATHER (State or country): W I. I.

MAIDEN NAME OF MOTHER: Susina Jones

BIRTHPLACE OF MOTHER (State or country): W I I

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Daniels

(Address) 532 S. Eutaw St.

Filed 12/26 1907

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 24 1907 that I last saw him alive on Dec 24 1907 and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure — Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 14 DAYS

(Signed) E. Judson Willis M.D.

Address 2029 W. Balto. St

Date December 25 1907

Place of Burial Mt Auburn

Date Dec 27 1907

Undertaker G. L. Brown & Son

Address 1651 N. Monroe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7690 C 7690

Ward 18 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. Childs & Nursery Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Chas Broadway

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hospital

Duration of Residence in Baltimore. During life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 2 1907

AGE ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Bevan

(Address) Nursery Childs Hosp.

Filed 12/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 24 1907 that I last saw him alive on Dec 23 1907, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 839 W Eutaw St

Date December twenty four 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 24 1907 1907

Undertaker Commissioner Health, Per. Wm. H. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V 9 W

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179 V

CERTIFICATE OF DEATH.

Registered No. B C 7691

City of Baltimore, (No. 424 Lyon St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marteria Pinkett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black Coloured

DATE OF BIRTH: 8th Dec (Month) 26 (Day) 1907 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City Hospital

FULL NAME OF FATHER: Dalink W Pinkett

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lizzie Hall

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Chambermaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Hall

(Address) 424 Lyon

Filed Dec 26 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 Dec. (Month) 29 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to ..... 190.....

that I last saw h[illegible] alive on Dec 4 1907,

and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Inanition
a slow lingering case

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W L Morgan M. D.

Dec 24 1907 (Address) 202 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSP'L. | DATE OF BURIAL: DEC 27 1907

UNDERTAKER | ADDRESS

Commissioner Health,

WM. J. C. DULANY CO., Baltimore

Filled out by W L Morgan M D 27th

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward 3 C 7692 Registered No. B C 7692

CERTIFICATE OF DEATH.

(Place of Death.) No. E. S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wolf

{Residence, if in Baltimore, Give Street and Number.} above Lipp

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Blk

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/26/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23d 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 23 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 5:30

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. D. Zahniser M.D. Coroner

Address 711 W. Lexington

Date Dec 23d 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 24 1907 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

ON ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2812

~~C 7693~~ C 7693

Ward 10 Registered No. B 91

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Nolan

{Residence, if in Baltimore, Give Street and Number.} 1607 W Franklin st

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W.
DATE OF BIRTH	1830
AGE	77 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Patrick Nolan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Eliza Berrett
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1907

I HEREBY CERTIFY, That I attended deceased from to record 190 to 190

that I last saw him alive on Dec 23 1907

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

2 months (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Dec 24 1907

Place of Burial New Cathedral

Date Dec 27th 1907 190

Undertaker John J. Cowan

Address 401 Holliday st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 7694 Registered No. B C 7694

10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 838 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Ferguson

{Residence, if in Baltimore, Give Street and Number.} 838 N Pratt St

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1877

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single,

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Ferguson

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Langan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Lydon

(Address) 838 N. Pratt

Filed 12/26/07 1907

MARY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 25 1907

that I last saw him alive on Dec 25 1907,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) La Grippe,

(DURATION) 7 DAYS

(Signed) A. N. Driscoll M.D.

Address 265 S. Poppleton St

Date Dec, 26/07. 1907

Place of Burial New Cathedral Cem

Date Dec 28/07, 1907

Undertaker John J. Cowan

Address 701 Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7695 Registered No. B C 7695.

CERTIFICATE OF DEATH. 19 1907

(Place of Death.) No. 126 S. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Joseph Tighe

{Residence, if in Baltimore, Give Street and Number.} 400 W Camden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 12 1865

AGE 42 years, 11 months, 13 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Tighe

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Whaley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ~~ABOVE STATED~~ PERSONAL PARTICULARS ~~ARE TRUE~~ TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John J Tighe

(Address) 1 W Baltimore St

Filed 12/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 25 1907

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Indigestion

Organic

(DURATION) DAYS

Contributory (Primary) Heart Disease

(DURATION) DAYS

(Signed) C. Frank Jones M.D.

Address

Date Dec 26 1907

Place of Burial St Peters Cem

Date Dec 27 1907

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7696

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 7696

City of Baltimore, (No. 1810, Warwick Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Edgar Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W'h.

DATE OF BIRTH: Oct. 6th 1873 (Month) (Day) (Year)

AGE: 34 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Annapolis Md.

FULL NAME OF FATHER: Edward R. Richardson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Grace Mccan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary F. Richardson

(Address) 1810 Warwick Av

Filed 12/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1907 to Dec 25 1907 that I last saw h[illegible] alive on Dec 25 1907, and that death occurred, on the date stated above, at 7.15 A.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 9 DAYS

Contributory Weakness of Heart

(DURATION) 3 DAYS

(Signed) E. E. Smith M. D.

Dec 25 1907 (Address) 1605 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Annapolis Md | DATE OF BURIAL: Dec 28 1907

UNDERTAKER: Jos B Cook | ADDRESS: 1038 Balto St

H. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 7697 Registered No. B C 7697

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1811 Fulton Ter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry H. Nelson

{Residence, if in Baltimore, Give Street and Number.} 1811 Fulton Te

Duration of Residence in Baltimore. 12 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Feb 15th 1857

AGE 46 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Nelson

(Address) 1811 Fulton Ter

Filed 12/26 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1907 to Dec 25th 1907 that I last saw h[illegible] alive on Dec 25 1907, and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis (DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1331 Park Ave

Date Dec 26th 1907

Place of Burial St. Peter's Cemetery

Date Dec. 27 1907

Undertaker Alex. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C 7698 Registered No. B

CERTIFICATE OF DEATH.

C 7698
64

(Place of Death.) No. 121 Selden Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah F Dorsey 6.

{Residence, if in Baltimore, Give Street and Number.} 121 Selden Place

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Don't know

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dorsey (husband)

(Address) 121 Selden Place

Filed 12/26 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. Nesenhardt M.D.

Address Coroner

Date December 27 1907

Place of Burial Gloucester County Va Gloucester C.H.

Date Dec 27 1907

Undertaker G. L. Brown's Son

Address 108 N Montgomery St Gloucester Point Gloucester Co Virginia

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7699

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 7699

Registered No. B .....

City of Baltimore, (No. 507, Fourth Av St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena Estella Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Sept 16 (Month) (Day) 1890 (Year)

AGE: 17 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hoffmansville Balto. Co. Md.

FULL NAME OF FATHER: George. W. Dixon

BIRTHPLACE OF FATHER (State or country): Towson. Md.

MAIDEN NAME OF MOTHER: Mary. S. Burke

BIRTHPLACE OF MOTHER (State or country): Towson. Md.

OCCUPATION OF DECEASED: Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George. W. Dixon

(Address) 507 Fourth av.

Filed 12/26 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 25th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 25 1907 that I last saw h alive on Dec 24 1907, and that death occurred, on the date stated above, at 10.45 A. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(Uncertified) (DURATION) 90 DAYS

Contributory Nervous Exhaustion (DURATION) 20 DAYS

(Signed) R. B. Nauman Med, M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hoffmansville. Balto Co Md. DATE OF BURIAL: Dec 27 1907

UNDERTAKER: Wm E. Chenoweth & Son ADDRESS: 919 3rd av Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7700 Registered No. B C 7700

45 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Feeley.

{Residence, if in Baltimore, Give Street and Number.} 709 Colvin Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Jan 25 th 1869

AGE: 38 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~single~~ married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: ~~John Feeley~~ Thos. Feeley.

BIRTHPLACE OF FATHER (State or country): County Roscommon Ire

MAIDEN NAME OF MOTHER: Katie Dorothy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Metal worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas. Cassidy.

(Address) 709 Colvin Place

Filed 12/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to Dec 25 1907

that I last saw h[illegible] alive on " " 1907,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 1 DAYS

Contributory (Primary.) Carcinoma of Bladder (DURATION) 1 year

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date Dec. 25, 1907

Place of Burial Cathedral Balto.

Date Dec 27 th 1907

Undertaker Wm E Chenoweth & Son

Address 919 - 3rd Avenue Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7701 Registered No. B C 7701

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Rauch

{Residence, if in Baltimore, Give Street and Number.} 1900 S. Charles St.

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	July 4 1853.
AGE	54 years, 5 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Nies. (daughter)

(Address) 1900 S Charles St

Filed 12/26 1907 HARRY O. ANDREWS? DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Concussion of brain accidentally fell down a flight of stairs.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Feinstadt M.D. Coroner

Address

Date Dec 26 1907

Place of Burial London Park

Date Dec 27 190

Undertaker Jno Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7702 Registered No. B C 7702

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Yancey

{ Residence, if in Baltimore, Give Street and Number. } 528 Biddle Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Plumber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rachel Yancy

(Address) 528 Biddle Alley

Filed 12/26 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1907 to Dec 26 1907 that I last saw h in alive on Dec 25- 1907, and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Suppression of Urine

(DURATION) 3 DAYS

Contributory (Primary.) Diphtheria-

Facial Erysipelas (DURATION) DAYS

(Signed) Wm F Schmitt M.D.

Address St. Joseph's Hospital

Date Dec. 26 07 1907

Place of Burial Mt Auburn Cemetery

Date December 27th 1907

Undertaker Felix Boyce.

Address 1026 Mulberry St

D 9 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C 7703

Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Paul L. Whittingham

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black -

DATE OF BIRTH: April 27, 1907

AGE: ..... years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S -

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Jones

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Whittingham

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

(Address) St Elizabeths Home

Filed 12/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to Dec. 24 1907

that I last saw him alive on Dec 24 1907,

and that death occurred, on the date stated above, at 3:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 5 months

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carolina St.

Date Dec. 26, 1907

Place of Burial Cathedral Cemetery

Date December 27th 1907

Undertaker Felix E Pye.

Address 102 E Baltimore St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C 7704 — Registered No. B C 7704

CERTIFICATE OF DEATH.

(Place of Death.) No. 3623 Chestnut av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred. Emanuel. Fuhrman

{Residence, if in Baltimore, Give Street and Number.} above address.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: July 28 th 1893

AGE: 14 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry. James. Fuhrman

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Helen. Jane. Baker.

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herb. Irving L. Fuhrman

(Address) 3623 Chestnut Av.

Filed 12/27" 1907 — HARRY O. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 24 1907 that I last saw h[illegible] alive on Dec 23 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever

(DURATION) 10 DAYS

Contributory (Primary.) Hemorrhage (DURATION) 12 hrs

(Signed) W. A. Fiss M.D.

Address 12 E. 25th

Date Dec 24 1907

Place of Burial Stiltz. York Co. Pa.

Date Dec 27th 1907

Undertaker Wm. E. Chenoweth & Son

Address 919 - Brd Av. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22

C 7705 Registered No. B C 7705

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 N. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rudolf Bohdal

{Residence, if in Baltimore, Give Street and Number.} 113 W Pratt St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 11 1905
AGE	2 years, 6 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Stephen Bohdal
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Eva Krug.
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Bohdal (mother)

(Address) 1132 Pratt St.

Filed 12/27 1907 HARRY C. ARNOLD Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1907 to Dec. 25 1907

that I last saw him alive on 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

following Burns

(DURATION) 6 DAYS

Contributory (Primary.)

Cardiac Failure (DURATION) DAYS

(Signed) W. J. Rydaus M.D.

Address 208 Holland Ave

Date Dec 26 1907

Place of Burial Holy Redeemer

Date Dec 27 1907

Undertaker Jerome & M. Leach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 7706

Ward 6 06 Registered No. B 1595

CERTIFICATE OF DEATH.

(Place of Death.) No. 2524 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lora Schaack

{Residence, if in Baltimore, Give Street and Number.} 2524 E. Baltimore st.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, ... months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Jos. Schaack

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Maggie Rudell

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jos. Schaack

(Address) 2524 E. Balto. St.

Filed 12/27 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Dec. 26 1907 that I last saw her alive on Dec. 24 1907, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

(DURATION) 2 DAYS

Contributory (Primary.) Cyanosis

(DURATION) 2 DAYS

(Signed) Pierce E. Dasch M.D.

Address 121 Jackson Sq.

Date Dec. 26 1907 190

Place of Burial Sacred Heart

Date Dec. 27 1907

Undertaker Wardell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C 7707

C 7707

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 E Chase St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Ella & Samuel Whitlock

{Residence, if in Baltimore, Give Street and Number.} 1808 E. Chase st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 26 1907

AGE 6 hours
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel W Whitlock

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ella Rhulps

BIRTHPLACE OF MOTHER (State or country) Hartford Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel W Whitlock

(Address) 1808 E. Chase St

Filed 12/27 1907 HARRY C. ARLINGS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26. 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26. 3.30 A.M. 1907 to Dec. 26 10.50 A.M. 1907 that I last saw h[illegible] alive on " " 1907, and that death occurred, on the date stated above, at 10.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth 6½ months

(DURATION) 7 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Hartman M.D.

Address 1121 N Caroline St.

Date Dec. 26. 1907

Place of Burial Baltimore Cemetery

Date Dec 27 190

Undertaker Henry Lutz

Address 1067 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7708 Registered No. B C 7708

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 Gold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Pinkney -

{Residence, if in Baltimore, Give Street and Number.} 628 Gold st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Coloard

DATE OF BIRTH: Feb 10th 1906

AGE: 1 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James W. Pinkney

BIRTHPLACE OF FATHER (State or country): Harford Co. Md

MAIDEN NAME OF MOTHER: Mary E Wright

BIRTHPLACE OF MOTHER (State or country): Talbot Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W Pinkney

(Address) 628 Goed st

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24th 1907 to Dec 24th 1907 that I last saw h im alive on Dec 24 1907 and that death occurred, on the date stated above, at 12 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

(DURATION) 90 DAYS

Con'ributory (Primary.)

(DURATION) — DAYS

(Signed) Chas. J. Keller M.D.

Address 422 W Monument st

Date Dec 26 — 1907

Place of Burial Mt. Auburn Cemetery

Date December 28 1907

Undertaker Isaac Brown

Address 565 N. Dolphin street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4 — C 7709 Registered No. B — C 7709

CERTIFICATE OF DEATH.

(Place of Death.) No. 704. W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William M. Smith

{Residence, if in Baltimore, Give Street and Number.} 20 years 704. W Saratoga St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH Cant tell

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Prince Geo. Co Md

FULL NAME OF FATHER Perry Smith

BIRTHPLACE OF FATHER (State or country) Prince Geo Co Md.

MAIDEN NAME OF MOTHER Julia ann Hammond

BIRTHPLACE OF MOTHER (State or country) West River Md.

OCCUPATION OF DECEASED Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Smith

(Address) 704. W. Saratoga

Filed 12/27 1907 HARRY O. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Dec. 26 1907

that I last saw him alive on Dec. 26 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism

Lagrippe (DURATION) 4 wks

Contributory (Primary) (DURATION) 14 Yrs

(Signed) G. W. Slater M.D.

Address 1703. W Fayette

Date Dec. 27th 1907

Place of Burial Mt Auburn Cemetery

Date December 28 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 4 C 7710 Registered No. B C 7710

CERTIFICATE OF DEATH.

19K

(Place of Death.) No. 647 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emily Covington

{Residence, if in Baltimore, Give Street and Number.} 647 W Mulberry

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Cook Covington

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Pratt

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Covington

(Address) 647 W. Mulberry St

Filed 12/27 1907

HARRY O. ARNEWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Dec 26 1907

that I last saw h alive on Dec 25 1907,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Disease of Heart

6mos (DURATION) DAYS

Con'ributory (Primary.) Acetemia

(DURATION) DAYS

(Signed) W Howard M.D.

Address Bay & Guy Ecc

Date Dec 26 1907

Place of Burial Laurel Cemetary

Date Dec. 28 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7711 Registered No. B C 7711

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1616 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Brachears.

{Residence, if in Baltimore, Give Street and Number.} 1616 Division st.

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	col
DATE OF BIRTH	Unknown 1
AGE	71 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	a a. Co
FULL NAME OF FATHER	Jas. Dorsey.
BIRTHPLACE OF FATHER (State or country)	a.a. Co.
MAIDEN NAME OF MOTHER	Nancy Brown.
BIRTHPLACE OF MOTHER (State or country)	a.a. Co
OCCUPATION OF DECEASED	Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Jones

(Address) 1616 Division St

Filed 12/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26. 1907

I HEREBY CERTIFY, That I attended deceased from 12/9 1907 to 12/24 1907

that I last saw h[illegible] alive on 24. 1907.

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis.

(DURATION) DAYS

Con'ributory (Primary.) Senility (DURATION) DAYS

(Signed) L. E. Tonradi M.D.

Address 609 W. Franklin st.

Date 12/26 1907

Place of Burial Mt. Auburn Cemetery

Date December 27 1907

Undertaker Felix B. Frye.

Address 102 E. Fulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7712 Registered No. B C 7712

93 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stefan Bandy

{Residence, if in Baltimore, Give Street and Number.} 1038 N. Castle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Bandy

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Barbara Bobolek

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bandy

(Address) 1038 N. Castle St.

Filed 12/27/1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 25 - 1907 to Dec. 26 - 1907

that I last saw him alive on Dec. 25 - 1907,

and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Kenby, M.D.

Address 1219 N. Caroline st.

Date December 27 - 1907.

Place of Burial Holy Redeemer

Date Dec 28 1907

Undertaker Jerome & M. Proctor

Address 1904 Eastland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 7713 Registered No. B C 7713

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 E Montgomery St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Flossie Busch

{Residence, if in Baltimore, Give Street and Number.} 214 E Montgomery St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 14 1880

AGE 27 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER William H. Busch

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mary C Owings

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Busch

(Address) 214 E Montgomery St

Filed 12/27 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20th 1907 to Dec 24th 1907 that I last saw her alive on Dec 23rd 1907, and that death occurred, on the date stated above, at 9 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

5 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas J. O'Donnell M.D.

Address 1340 S Charles St

Date Dec 26th 1907

Place of Burial MOUNT OLIVET. DEC 27 1907

Date 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 19 C 7714 Registered No. B C 7714

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1721 Patterson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas B Smith

{Residence, if in Baltimore, Give Street and Number.} 1721 Patterson Ave

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE 62 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER ____

BIRTHPLACE OF FATHER (State or country) ____

MAIDEN NAME OF MOTHER ____

BIRTHPLACE OF MOTHER (State or country) ____

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie E Smith

(Address) 1721 Patterson ave

Filed 12/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 25 1907

that I last saw him alive on Dec 24 1907

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

6 (DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas H Burbert M.D.

Address 1100 W Lafayette

Date Dec. 26 1907

Place of Burial Loudon Park Cemetery

Date Dec 27th 1907

Undertaker W. W. Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7715 Registered No. B C 7715

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No 1624 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Jane Griffith

{Residence, if in Baltimore, Give Street and Number.} 1624 St Paul

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Howard Griffith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ruth Plummer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis P Griffith

(Address) 1624 St Paul St

Filed 12/27 1907

HARRY O. ANDREAS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to Dec 26th 1907

that I last saw h[im] alive on Dec 26 1907

and that death occurred, on the date stated above, at 1-50 A. M. CAUSE OF DEATH (Secondary or immediate.)

Pneumonia (Rt) Lobar

I saw the body at 10. P.M. Dec 25th - for family say She had been sick (DURATION) 14 DAYS

Con'tributory (Primary.) Respiratory Paralysis

(DURATION) DAYS

(Signed) O P Penning M.D.

Address 1711 St. Paul St

Date Dec 26th 1907

Place of Burial Greenmount

Date Dec 28/1907. 190

Undertaker Woolbook.

Address 504 E. Northam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 9 C 7716 Registered No. B C 7716

CERTIFICATE OF DEATH.

(Place of Death.) No. 1538 N Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beulah E. Hugard Hugard

{Residence, if in Baltimore, Give Street and Number.} 1538 N Caroline St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Chas W Spicer

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lucy S. Merritt

BIRTHPLACE OF MOTHER (State or country): West Virginia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Hugard

(Address) 1538 Caroline St

Filed 12/27 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 26. 1907

I HEREBY CERTIFY, That I attended deceased from October 7 1907 to Dec. 26. 1907

that I last saw h[illegible] alive on " 25 1907 ,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 2 4 hours DAYS

Contributory (Primary.) Valvular disease of heart.

Mitral insufficiency (DURATION) [illegible] DAYS

(Signed) Wm A. Hartman M.D.

Address 1121 N Caroline St.

Date Dec. 26. 1907

Place of Burial London Park

Date Dec 29 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 7717 — Registered No. B C 7717

CERTIFICATE OF DEATH.

(Place of Death.) No. 809 Burgundy Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Carter

{Residence, if in Baltimore, Give Street and Number.} 809 Burgundy Alley.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Glunding

(Address) 1178 Monticello St

Filed 12/27 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from as boarder 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P J Martin M.D.

Address

Date Dec 26 190

Place of Burial St Peters

Date Dec 27th 190

Undertaker John F Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7718

City of Baltimore, (No. 102 S. Caroline St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	— (Month) 1 (Day) (Year)
AGE	52 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Gibson

(Address) 102 S Carolina St

Filed 12/27 1907

MARY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Dec. 24th 1907 that I last saw h in alive on Dec. 24th 1907, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Aortic and Mitral Regurgitation
Chronic Nephritis
(DURATION) 12 mos DAYS

Contributory Liver Epitaxis
(DURATION) 12 hrs DAYS

(Signed) A. F. Rees M. D.

Dec. 26th 1907 (Address) 213 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury	Dec 27 1907
UNDERTAKER R A Elliott	ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 7719 Registered No. B C 7719

CERTIFICATE OF DEATH.

11V

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Lee

{Residence, if in Baltimore, Give Street and Number.} 116 N. Chester St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1836

AGE 72 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ widow

BIRTHPLACE (State or country) Anne Arundel County Md.

FULL NAME OF FATHER don't know

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Lee

(Address) 1045 Riverside Ave.

Filed 12/27 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 21 1907 to Dec 26 1907 that I last saw h~~e~~r alive on Dec. 26 1907 and that death occurred, on the date stated above, at 2 40 A. M. CAUSE OF DEATH (Secondary or Immediate

Heart failure

(DURATION) 2 DAYS

Contributory (Primary.) Organic Heart & Nephritis (DURATION) Indefinite DAYS

(Signed) Geo. R. Jones, M.D.

Address Md. Homoeopathic Hospital

Date Dec. 26 1907

Place of Burial Cedar Hill

Date Dec 27th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... giv...

SEX

DATE

AGE

SINGL... WIDO...

BIRTH... (State...

FULL... OF F...

BIRTH... OF F... (State...

MAID... OF M...

BIRTH... OF M... (State...

OCCU... OF D...

THE ... BEST ... (Infor...

Filed 12/...

Ward 24 C 7720 Registered No. B [illegible] C 7720

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 E Gittings St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Hubbard

{Residence, if in Baltimore, Give Street and Number.} 107 E Gittings St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Dec 14 1907

AGE: 1 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel H Hubbard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Garve

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Catemast Hubbard

(Address) 107 E Gittings st

Filed 12/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to Dec 25 1907

that I last saw her alive on Dec 24 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular meningitis

(DURATION) 14 DAYS

Con'tributory (Primary.)

Tubercular meningitis (DURATION) 14 DAYS

(Signed) H H Hayden M. D.
Per Wm C Steffen

Address 1409 Light St

Date Dec 25 1907

Place of Burial Cedar Hill

Date Dec 27 1907

Undertaker Jos. Stuntebeck

Address 818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7721 Registered No. B C 7721

138 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Resnick

{Residence, if in Baltimore, Give Street and Number.} 522 August

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 26 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jacob Pernrance

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gettle Fisherman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. Resnick

(Address) 522 Aisquith St

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 27 1907

that I last saw her alive on Dec 27 1907,

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis & Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Eclampsia

(DURATION) ? DAYS

(Signed) Chas. Bagley Jr M.D.

Address Hebrew Hospital

Date Dec. 27 1907

Place of Burial ~~Private~~ Cemetery Herzog Herring

Date Dec 27, 1907

Undertaker Isaac Lennon

Address 1626 N. Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50 ✓

CERTIFICATE OF DEATH.

C 7722

Registered No. B .....

City of Baltimore, (No. 1904 McElderry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George J. Holzer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~Col~~ White

DATE OF BIRTH: Dec (Month) 8 (Day) 1863 (Year)

AGE: 44 years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Frederick Holzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Hartrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Store Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. Holzer

(Address) 1904 McElderry

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to Dec 24 1907 that I last saw him alive on Dec 24 1907, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Exhaustion produced by Diabetes & Phthisis

(DURATION) ..... DAYS

Contributory ~~D~~ Diabetes about 15 months

(DURATION) ..... DAYS

(Signed) R.P. Carman M. D.

Dec 25 1907 (Address) 1701 N Carlin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn	Dec 27 1907
UNDERTAKER	ADDRESS
A. Handu Son	1710 Carlin

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 7723 Registered No. B ..... C 7723

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 S Patterson Park Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Edwards Ludwig Rohde

{Residence, if in Baltimore, Give Street and Number.} 412 S. Patterson Park ave

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 9th 1850

AGE: 57 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Theodore H. Rohde

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Meta Bullerdick

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shipbuilder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore H. Rohde

(Address) 324 S. Patterson Park Ave.

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 23 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Dec 23 1907 that I last saw h[illegible] alive on Dec 22 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anaemia

17 (DURATION) DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) David Streett M.D.

Address 712 Park ave

Date Dec. 24 1907

Place of Burial Oak Lawn Cem

Date Dec. 27 1907

Undertaker H. Landau & Sons

Address 710 Caton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT City of Baltimore.

C 7724

Ward 6

C 7724

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 N. Patterson Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew G. Hoffmann

{Residence, if in Baltimore, Give Street and Number.} 118 N. Patterson Park ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 22 1891

AGE 16 years, 9 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Bernhardt Hoffman

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Anna

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhardt Hoffman

(Address) 118 N. Patterson Park ave

Filed 12/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 26 1907 190

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec 26 1907

that I last saw h alive on " " 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic valvular insufficiency (DURATION) DAYS

Contributory (Primary) Atrut one Year (DURATION) DAYS

(Signed) J. H. Callenberg M.D.

Address 810 E Baltimore St

Date Dec 27 1907

Place of Burial Mt. Carmel. Cem.

Date DEC 29 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 7725 Registered No. B C 7725

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 N. Paluxent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. North

{ Residence, if in Baltimore, Give Street and Number. } 24 N. Paluxent st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 2 1876

AGE 31 years, 8 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles R. North

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lena Baker

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena North

(Address) 24 N. Paluxent st

Filed 12/27/1907 BLANK C. 190[illegible], Registrar

FIRMI CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 26 1907 190

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1907 to Dec. 26 1907

that I last saw h[illegible] alive on Dec 26 1907,

and that death occurred, on the date stated above, at 12

m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

3 mos. (DURATION) DAYS

Contributory (Primary.) Hemorrhage

(DURATION) DAYS

(Signed) Jno C Brown M.D.

Address 125 N Potomac

Date Dec - 26 - 1907

Place of Burial Oak Lawn Cem.

Date DEC 28 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7726 Registered No. B C 7726

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 E. Lexington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Perry

{Residence, if in Baltimore, Give Street and Number.} 1405 E. Lexington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 52 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Pearce

(Address) 1415 N. Patterson Park ave

Filed 12/27 1907

HARRY O. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Died to Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Dec 25th 1907

that I last saw h er alive on Dec 25th 1907.

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 7 DAYS

Contributory (Primary.) Cardiac Failure

& (DURATION) DAYS

(Signed) A. S. Kirk M.D.

Address 1610 E. Baltimore St.

Date Dec 26 1907

Place of Burial Baltimore. Cem.

Date DEC 28 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7727 Registered No. B ..... C 7727

CERTIFICATE OF DEATH.

(Place of Death.) No. 603 N. Collington ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Gill

{Residence, if in Baltimore, Give Street and Number.} 603 N. Collington ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 8 1837

AGE: 70 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Christopher Bartscher

BIRTHPLACE OF FATHER (State or country): Holland

MAIDEN NAME OF MOTHER: Susannah Swager

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. M. Gill

(Address) 603 N. Collington ave

Filed 12/27 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec. 24 1907

that I last saw her alive on Dec. 24 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Asphyxia~~

Indigestion

Causing Peritonitis

Contributory (Primary) (DURATION) 23 DAYS

(DURATION) DAYS

(Signed) G. G. Stuck M.D.

Address Lives 6. Balto.

Date Dec. 26 1907

Place of Burial Baltimore Cemetery

Date Dec. 27 1907

Undertaker Wm. C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7728 Registered No. B 36V

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 King st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Hicks

{Residence, if in Baltimore, Give Street and Number.} 406 King st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 4 1907

AGE ..... years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaac H Hicks

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Hellman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac H. Hicks

(Address) 406 King st

Filed 12/27 1907 HARRY O. ANDREWS, FERMI CLARK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 26 1907

that I last saw h— alive on Dec 25 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

(a) Cerebral Hemorrhage

(b) Arteriosclerosis

(c)

Life time (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Harry Boyd M.D.

Address 402 Columbia

Date Dec 26 1907

Place of Burial St. Peters Cem

Date Dec 27 1907

Undertaker H. J. Pickrum & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 7729 Registered No. B

CERTIFICATE OF DEATH. C 7729

(Place of Death.) No. 3202 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E Plowman 10 V

{ Residence, if in Baltimore, Give Street and Number. } 3202 Cedar Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 16th Aug 1876

AGE: 31 years, 4 months, 11 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Mar

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Geo. A. Bull

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: ~~Catherine Hamm~~ ~~Martha E Bull~~

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Plowman

(Address) 3202 Cedar Ave

Filed 12/27 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 26 1907 that I last saw h ed alive on Dec 26 1907 7.30 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pelangina & Collapse

(DURATION) 1 DAYS

Contributory (Primary) La Grippe & Acute Nephritis (DURATION) 11 DAYS

(Signed) M. H. Fiddeman M.D.

Address 800 1st Ave

Date Dec 26th 1907

Place of Burial Parkton Md

Date Dec 29 1907

Undertaker V. V. Mastrangelo

Address 3539 Fait Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

• Ward W C 7730 Registered No. B

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 886-Clifford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Warner

{Residence, if in Baltimore, Give Street and Number.} 886 Clifford

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 24 1907 that I last saw h... alive on ... 190... and that death occurred, on the date atated above, at 9 ... M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia
Dropsy

(DURATION) ... DAYS

Contributory (Primary.) Organic Heart Disease (DURATION) ... DAYS

(Signed) Francis Jones M.D.
Cirrhosis

Address ...

Date Dec 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 26 1907

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address ...

FOR ANATOMICAL PURPOSES Dec 27 1907
Wants City to pay for
Health Dept Coroner

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause

283

Ward 1 C 7731 Registered No. B C 7731

CERTIFICATE OF DEATH.

(Place of Death.) No. 2808 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph H. Dickinson

{Residence, if in Baltimore, Give Street and Number.} 2808 Elliott St.

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH — — 1861

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: James Dickinson

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Engraver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Dickinson

(Address) 2808 Elliott St

Filed 12/27 1907 HARRY O. ANDREWS; PERMIT CLERK; Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1907 to Dec 24 1907 that I last saw h— alive on Dec 20 1907 and that death occurred, on the date stated above, at 10 45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) 4 mos. DAYS

Contributory (Primary).

Asthenia (DURATION) — DAYS

(Signed) M. J. Mulvey M.D.

Address 839 S. Caton Ave

Date Dec 27 1907

Place of Burial Mount Carmel Cemetery

Date Dec. 27th 1907

Undertaker Germanus Franc

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 V

C 7732 Registered No. B C 7732

CERTIFICATE OF DEATH.

11 V

(Place of Death.) No. 1917 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hellen R. Brechel

{Residence, if in Baltimore, Give Street and Number.} 1917 Eastern Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 11th 1907

AGE: — years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: singla

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Brechel

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fanny Harmon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brechel

(Address) 1917 Bank St.

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1907 to Dec 26 1907

that I last saw her alive on Dec 26 1907

and that death occurred, on the date stated above, at 3 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 2 DAYS

Con'ributory (Primary)

Exhaustion (DURATION) 1 DAYS

(Signed) Geo Fuller M.D.

Address 1937 Gough St

Date Dec 26. 07 1907

Place of Burial Mount Carmel Cem.

Date Dec. 27 1907

Undertaker Germanus Thanier

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7733 Registered No. B C 7733

CERTIFICATE OF DEATH.

930V

(Place of Death.) No. 2728 Dillon St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Sarah A. McGinn

{Residence, if in Baltimore, Give Street and Number.} 2728 Dillon St

Duration of Residence in Baltimore. about 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept. 11 1861
AGE	46 years, 3 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Frederick Md.
FULL NAME OF FATHER	Henry Bender
BIRTHPLACE OF FATHER (State or country)	Frederick Md
MAIDEN NAME OF MOTHER	Barbara Leas
BIRTHPLACE OF MOTHER (State or country)	Frederick Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry McGinn

(Address) 2728 Dillon St.

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Dec 25 1907

that I last saw h-- alive on Dec 25 1907

and that death occurred, on the date stated above, at 2-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 22 DAYS

Con'ributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) O. L. Long M.D.

Address 2429 Frank Ave

Date Dec 26 1907

Place of Burial Mount Carmel Cem.

Date Dec 28th 1907

Undertaker Germanus Franck

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 27 C 7734 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1126 Clarkson Alley St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Haywood

{ Residence, if in Baltimore, Give Street and Number. } 1126 Clarkson Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Hayes

(Address) 142 Justice

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 24 1907 that I last saw him alive on Dec 22 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) ? 1 DAYS

Contributory (Primary.) Phthisis P.

(DURATION) ? DAYS

(Signed) H S McLeard M.D.

Address 2005 Druid Hill Ave.

Date 12/26 1907

Place of Burial Dist Auburn

Date Dec 27 1907

Undertaker Jno H Jordan

Address 142 Justice St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C 7735 — Registered No. B C 7735

66L

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Russell Street — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Littleton Jones

{Residence, if in Baltimore, Give Street and Number.} 1138 Russell Street

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: colored

DATE OF BIRTH: 1

AGE: 64 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Holmes

(Address) 115 W Stiles St

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 4 1907 that I last saw him alive on Dec 24 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 5 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 5 DAYS

(Signed) D H Jones M.D.

Address 712 S. Ramp St

Date Dec 26 1907

Place of Burial Laurel Cem.

Date Dec 27 1907

Undertaker J. H. Trodden

Address 114 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

C 7736 Registered No. B C 7736

CERTIFICATE OF DEATH.

(Place of Death.) No. 1315 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hattie Bush

{Residence, if in Baltimore, Give Street and Number.} 1315 N Monroe

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — — — 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) — — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Wilson

(Address) 1316 Riggs ave

Filed 12/27 190

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 25 1907 that I last saw h alive on 24 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jas. Thomas Wilson M.D.

Address 1300 N Eutaw St

Date Dec. 25 1907

Place of Burial Laurel

Date Dec 27 1907

Undertaker Jno H. Jenkins

Address 142 Justice St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward XX C 7737 Registered No. Bed 9 1917

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Frantz

{Residence, if in Baltimore, Give Street and Number.} Woodlawn, Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1842

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Eubert

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E Frantz

(Address) Woodlawn Balto Co Md

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1907 to Dec 27th 1907 that I last saw her alive on Dec 27th 1907, and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Cardio hepato phlebitis~~

~~visited exhaustion~~

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) ~~Mitral insufficiency~~

with anasarca (DURATION) — DAYS

(Signed) J. W. Legg M.D.

Address University Hospital

Date December 27th 1907

Place of Burial Loudon Park Cem

Date December 28 1907

Undertaker Joseph B. Cook

Address 1003 W. Baltimore St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7738 Registered No. B 76

CERTIFICATE OF DEATH.

(Place of Death.) No. 1378 Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wesley Thomas

{Residence, if in Baltimore, Give Street and Number.} 1378 Calhoun St

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Prestman St

Filed 12/27 1907 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1907 to Dec 24 1907

that I last saw him alive on Dec. 22 1907.

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sudden (Cardiac Failure).

(DURATION) DAYS

Contributory (Primary.) Otitis Media & Thrombus Heart — (DURATION) DAYS

(Signed) Wm. H. Wright. M.D.

Address 1373 N. Carey St

Date Dec. 25, 1907.

Place of Burial Pet Zion

Date December 27 1907

Undertaker James H Dennis

Address 1332 Prestman St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7739 Registered No. B C 7739

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 N. Rose St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Hese

{Residence, if in Baltimore, Give Street and Number.} 123 N. Rose

Duration of Residence in Baltimore. 42 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 64 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housew

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fred K. Albert

(Address) 123 N. Rose

Filed 12/27 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to Dec 25 1907

that I last saw her alive on Dec 25 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Capillis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Heun M.D.

Address 156 Wilkens Ave

Date Dec 26 1907

Place of Burial St. Alphonsus

Date Dec. 28 1907

Undertaker Kundell Lippelthorn

Address 330 S. Bond St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7740 Registered No. B C 7740

CERTIFICATE OF DEATH.

971

(Place of Death.) No. 930 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F. Grugan

{Residence, if in Baltimore, Give Street and Number.} 930 Argyle ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 22nd 1857

AGE 50 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jno. Grugan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Dorery

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno D Thompson

(Address) 930 argyle ave

Filed 12/27 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1907.

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to ~~Dec~~ 1907

that I last saw h[illegible] alive on Dec 25 1907,

and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia

Myocarditis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donnell M.D.

Address 930 Argyle ave

Date Dec 26 1907.

Place of Burial Mount Calvary

Date Dec 28 1907

Undertaker G. F. Wacker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1061

CERTIFICATE OF DEATH.

C 7741

Registered No. B .....

City of Baltimore, (No. 510, Druid Hill Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Romain McDaniell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Oct. 11 1904
(Month) (Day) Year

AGE 3 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Randall McDaniell

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Lottie Dread

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. R. Shoemaker

(Address) 1204 E. Monument

Filed 12/27 1907

HARRY O. ARNOLD, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1907 to Dec. 26 1907

that I last saw her alive on Dec. 25 1907,

and that death occurred, on the date stated above, at 1040 A.M.

The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(DURATION) 3 DAYS

Contributory —

(DURATION) — DAYS

(Signed) C. R. Shoemaker M. D.

Dec. 26 1907 (Address) 1204 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec 27 1907
UNDERTAKER	ADDRESS
Robt A Ellis	506 Rogers Av.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7742 Registered No. B C 7742

CERTIFICATE OF DEATH.

93 r

(Place of Death.) No. 321 N. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Lawler

{Residence, if in Baltimore, Give Street and Number.} 321 N. Schroeder St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Lawler

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Lawler

(Address) 321 N. Schroeder

Filed 12/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH december 25 1907

I HEREBY CERTIFY, That I attended deceased from dec. 23 1907 to dec 25 1907

that I last saw him alive on dec 25 1907

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia of left lung -
was taken ill dec 19 1907 was called
to attend deceased Monday dec 23d
Second Stage of Hepatization (DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) A.H. Lawton M.D.

Address 432 N Carey St

Date dec 26 1907

Place of Burial Cathedral Cemy

Date Dec. 28 1907

Undertaker John A. Moran

Address 1 Bank & Amity Sts

D. Sayton
422 N. Carey St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28 ✓

CERTIFICATE OF DEATH.

Registered No. BC 7743

City of Baltimore, (No. 421, North Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles M. Colton.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored.

DATE OF BIRTH: Aug. (Month) 5 (Day), 1907 (Year)

AGE: — years, 4 months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 421 Dallas St.

FULL NAME OF FATHER: James Colton.

BIRTHPLACE OF FATHER (State or country): N.C.

MAIDEN NAME OF MOTHER: Blanche Tate.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Colton

(Address) 421 N. Dallas St.

Filed 12/27/1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 25 (Day), 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1907 to Dec. 24, 1907 that I last saw him alive on Dec 24, 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

1. Tubercular Meningitis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Hugh Forsythe, M. D.

Dec. 28, 1907 (Address) 421 E North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury Cem.	Dec. 27 1907
UNDERTAKER	ADDRESS
R. H. A. Elliott	506 Pgos Ave.

WM. J. C. DULANY CO., BALTIMORE.

C 7744

Ward 3 C 7744 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1504 Bank St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Slusarowski

{ Residence, if in Baltimore, Give Street and Number. } 1504 Bank St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Russia Poland.

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Pauline Krimkewicz

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Slusarowski, (Son)

(Address) 1504 Bank St.

Filed 12/27 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26/07 190

I HEREBY CERTIFY, That I attended deceased from Nov-10 1907 to Dec 26 1907 that I last saw h alive on Dec 25 1907 and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

4 mos. (DURATION) DAYS

Contributory (Primary.) Ekt

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1250 Bway

Date Dec 26/07 1907

Place of Burial Holy Rosary,

Date Saturday Dec 28 1907

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7745

City of Baltimore, (No. 2744, St. Paul St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Curry Willis Haines

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 27th 1880 (Month) (Day) (Year)

AGE: 28 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Oakley P. Haines

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Annie E. Hopkins

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Dennis

(Address) 2744 St Paul av.

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 26 1907

that I last saw him alive on Dec 25 1907,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 12 DAYS

Contributory Hemorrhage Mesenteric glands

(DURATION) 2 DAYS

(Signed) W. P. Morgan M. D.

Dec 26 1907 (Address) 815 Wilcomnut

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mt

DATE OF BURIAL: Dec 28 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7746 Registered No. B C 7746

40

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frederick Storm

{ Residence, if in Baltimore, Give Street and Number. } 1007 W. Fayette St.

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1835	
AGE: 72 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Fred H Storm
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Storm

(Address) 1007 W. Fayette st

Filed 12/27/07 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1907 to Dec. 27 1907

that I last saw h-e alive on Dec 27 1907,

and that death occurred, on the date stated above, at 2 45 a. m. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Dec 27th 1907

Place of Burial Western Cem

Date Dec 29th 1907

Undertaker Geo J Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7747 Registered No. B C 7747

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ellinger

{Residence, if in Baltimore, Give Street and Number.} 1510 Thames St

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1870

AGE: 37 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Norway

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Norway

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Rolfes

(Address) 1510 Thames

Filed 12/27 1907 HENRY J. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1907 to Dec. 25 1907 that I last saw h in alive on Dec. 24 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) ? DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) ? DAYS

(Signed) Eugene L. Pinagnat M.D.

Address St Josephs Hospital

Date Dec. 25 1907

Place of Burial Schwartz's Cemetery

Date Dec 28th 1907

Undertaker Germania Branch

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7748

Registered No. B.....

City of Baltimore, (No. 1021, N. Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella L. Clark,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 4 (Month) (Day) 1885 (Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Olean New York

FULL NAME OF FATHER: Thomas M. Kriss

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Sadie College

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Clark

(Address) 1021 N. Mount St

Filed 12/27 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1907 to Dec. 25th 1907, that I last saw h.. alive on Dec 25th 1907, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Chronic diarrhoea, followed by emaciation & cardiac exhaustion — about 6 wks (DURATION) DAYS

Contributory 7 mos. miscarriage (DURATION) DAYS

(Signed) Edwidge C. Trois M. D.

12-26-1907 (Address) 1012 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Norfolk V. a

DATE OF BURIAL: Dec 27 1907

UNDERTAKER: George Burg

ADDRESS: 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 7749 Registered No. B C 7749

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 Gorsuch ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fergie L. Fullilton

{Residence, if in Baltimore, Give Street and Number.} 706 Gorsuch ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~Dec 27~~ 1865

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER David A. Folly

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Josephine Beachum

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L F Fullilton

(Address) 706 Gorsuch ave

Filed 12/27 1907 HARRY O. ANDERSON Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1907

I HEREBY CERTIFY, That I attended deceased from Oct 23 1907 to Dec 27 1907 that I last saw h er alive on Dec 26 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, following Typhoid Fever

Ten weeks' (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. R. Elsewell, M.D.

Address 1741 Hayford ave

Date Dec 29, 1907

Place of Burial Mt Olivet

Date Dec 30. 1907

Undertaker John E Hough Co

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7750 Registered No. B C 7750

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant daughter of William R. and Mary E. Ware

{Residence, if in Baltimore, Give Street and Number.} 406 Falls Road.

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 25th 1907

AGE — years, — months, 1 3/4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) 406 Falls Road

FULL NAME OF FATHER William R. Ware

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Mary E. Swann

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Sarah J. Swann

(Address) 406 Falls Road

Filed 12/27 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to Dec 27th 1907 that I last saw her alive on Dec 27th 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity

(DURATION) 1 3/4 DAYS

Contributory (Primary.) Premature birth (DURATION) DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Dec. 27th 1907

Place of Burial St. Marys Hampden

Date December 27 1907

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7751 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anne Gladden

{Residence, if in Baltimore, Give Street and Number.} Mt Washington Md

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Hemphill Atee

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maggie Ramsey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J M Gladden

(Address) Mt Washington Md

Filed 12/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 27 1907

that I last saw h alive on Dec 27 1907

and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease -

Nephritis -

(DURATION) — DAYS

Contributory (Primary.) Influenza

(DURATION) DAYS

(Signed) H H Eden M.D.

Address Balto City Hospitals

Date Dec 27th 1907

Place of Burial Pikesville Harford Co Md.

Date Dec 29 1907

Undertaker M Doyle and Sons

Address 17 & Lee Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

C 7752

Registered No. B.....

City of Baltimore, (No. 1732, Hoffman Pl St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Agnes Gleason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 17 (Day) 1895 (Year)

AGE: 12 years, 5 months, 9 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Gleason

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Bessie Clark

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1732 Hoffman Place

Filed 12/27 1907

HENRY O. ANDERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1907 to Dec 26 1907

that I last saw her alive on Dec 25 1907,

and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 2 DAYS

Contributory Anemia

(DURATION) 2 DAYS

(Signed) H. D. Middendorf M. D.

Dec 26 1907 (Address) 154 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Dec 28 1907

UNDERTAKER: H. C. Middefield

ADDRESS: 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7753 Registered No. B C 7753

45 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Vincent St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ora Gladden

{Residence, if in Baltimore, Give Street and Number.} 1122 Vincent St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gordan

(Address) 1122 Vincent

Filed 12/28" 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 13 1907 to Dec. 27 1907 that I last saw h e alive on Dec. 21 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

Cancer of the bladder (DURATION) DAYS

Contributory (Primary.) Malignant Growth

About Two years (DURATION) DAYS

(Signed) Alex. T. Vanbuskirk M.D.

Address 1656 N. Eutaw

Date Dec 27 1907

Place of Burial Spencerville St Mary Co. Md.

Date Dec 30 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7754 Registered No. B 113 ½

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital Caroline & Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Annie Streb

{Residence, if in Baltimore, Give Street and Number.} 951 Washington St., City.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Bernard Spitch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Streb

(Address) 951 N. Washington

Filed 12/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 27 1907 that I last saw h[er] alive on Dec 27 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholemia & Sepsis

(DURATION) 10 DAYS

Contributory (Primary.) Cholelithiasis and Empyema Gall Bladder (DURATION) — DAYS

(Signed) Geo A Pflueger M.D.

Address St Joseph Hospital

Date Dec 27 1907

Place of Burial Holy Redeemer

Date Dec. 31 1907

Undertaker Jerome Kelly Brach

Address 1914 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 7755 Registered No. B C 7755 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 Redmon Ch. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wilson

{Residence, if in Baltimore, Give Street and Number.} 26 Redmon Ch,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: William Wilson

BIRTHPLACE OF FATHER (State or country): Norfolk virginia

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Wilson

(Address) 26 Redman st

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 26 1907

that I last saw him alive on Dec 24 1907

and that death occurred, on the date stated above, at 1.05 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dropsy

(DURATION) 26 DAYS

Con'tributory (Primary.) Dropsy

(DURATION) 26 DAYS

(Signed) A W Fowler M.D.

Address 912 S Bond st

Date Dec 27 1907

Place of Burial Mt Auburn Cem

Date Dec. 29th 1907

Undertaker G. L. Brown and Son

Address 108 W. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7756 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 823 Butler alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert James.

{Residence, if in Baltimore, Give Street and Number.} 823 Butler alley.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Emmerson James

BIRTHPLACE OF FATHER (State or country): Pomonkey city md-

MAIDEN NAME OF MOTHER: Ethel May

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emmerson James-

(Address) 823 Butlers alley

Filed 12/28 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26- 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 26 1907 that I last saw him alive on Dec 25 1907, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H Edward Smith M.D.

Address 539 Hanover St.

Date Dec 26-1907 1907

Place of Burial Mt Auburn

Date Dec 28 1907

Undertaker S. L. Brown and Son

Address 1082 Montgomery

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7757

City of Baltimore, (No. 2012 N. Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary C. Bamm

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 12th (Day) 1893 (Year)

AGE: 14 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Chris. Bamm

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maggie Miller

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chris Bamm.

(Address) 2012 N. Payson st

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 26 1907 that I last saw h[illegible] alive on Dec 26 1907, and that death occurred, on the date stated above, at 6.45 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) DAYS

Contributory Intestinal Hemorrhage

(DURATION) DAYS

(Signed) L. F Frey M. D.

Dec 26 1907 (Address) 2466 N 7th Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Louden Park

DATE OF BURIAL: Dec 28 1907

UNDERTAKER: Josiah Sepe

ADDRESS: 1600 N Howard

Ward ..... C 7758 Registered No. B 7758

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 Cathedral St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elihu Emery Jackson

{ Residence, if in Baltimore, Give Street and Number. } 816 Cathedral St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 3rd Nov 1837

AGE: 70 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wicomico Co Md.

FULL NAME OF FATHER: Hugh William Jackson

BIRTHPLACE OF FATHER (State or country): Wicomico Co Md.

MAIDEN NAME OF MOTHER: Sarah H. Phelps

BIRTHPLACE OF MOTHER (State or country): Somerset Co Md.

OCCUPATION OF DECEASED: Lumber Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elihu Emery Jackson Jr

(Address) 816 Cathedral St.

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 27 1907 that I last saw h[illegible] alive on Dec 27 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of left ventricle

Pulmonary oedema -

a few minutes (DURATION) DAYS

Contributory (Primary.) Aortic Stenosis; Myocarditis; Pericarditis (DURATION) many years DAYS

(Signed) Thomas A Bunn M.D.

Address 17 W Saratoga St.

Date Dec 27 1907

Place of Burial Salisbury Md

Date Dec 28th 1907

Undertaker Wolfenden Hess Co

Address 30 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 11 C 7759 Registered No. B C 7759

92 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Donald Monroe

{Residence, if in Baltimore, Give Street and Number.} 931 Linden Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 25 1907

AGE: — years, (3) Three months, (2) Two days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: D. Eldridge Monroe

BIRTHPLACE OF FATHER (State or country): Charles Co, Md

MAIDEN NAME OF MOTHER: Mary E. Mudd

BIRTHPLACE OF MOTHER (State or country): Charles Co, Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Monroe

(Address) 931 Linden Ave.

Filed 12/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1907 to Dec 27 1907 that I last saw h[illegible] alive on [illegible] 27, 1907, and that death occurred, on the ~~date stated above~~, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

Twenty two (DURATION) 22 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. B. Evans M.D.

Address 316 N. Paca St.

Date Dec 27 1907

Place of Burial London Park Cemetery

Date Dec. 28, 1907

Undertaker Henry W. Means & Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7960 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1022E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Stokes

{ Residence, if in Baltimore, Give Street and Number. } 1022 E. Monument St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1849

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER X

BIRTHPLACE OF FATHER (State or country) X

MAIDEN NAME OF MOTHER X

BIRTHPLACE OF MOTHER (State or country) X

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Blazer

(Address) 1022 E Monument

Filed 12/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Dec 26 1907

that I last saw her alive on Dec 26 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis (DURATION) 4 weeks

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 W. North ave

Date Dec 28 1907

Place of Burial Mt Zion

Date Dec 29 1907

Undertaker R A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66 V

CERTIFICATE OF DEATH.

Registered No. BC 7761

City of Baltimore, (No. 1044 W. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Veronica Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Coloured

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Stewart

(Address) 1042 W. Durham St

Filed 12/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... (Month) Dec. (Day) 26 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 14th 1907 to Dec. 26 1907

that I last saw h alive on Dec. 26 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Paralysis of Brain

(DURATION) 12 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. W. Simpson M. D.

Dec. 27 1907 (Address) 1826 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Dec 28 1907
UNDERTAKER	ADDRESS
R. A. Elliott	[illegible]

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7762 Registered No. B C 7762

CERTIFICATE OF DEATH.

(Place of Death.) No. 144 N. Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia M. Dougherty

{ Residence, if in Baltimore, Give Street and Number. } 144 N. Milton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 4" 1870

AGE 37 years, 5 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick Minton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Fahey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John J. Dougherty

Address 144 N. Milton Ave

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26" 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Dec 26 1907

that I last saw him alive on Dec 26 1907,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Caseous Syphilis

of Lung with Abscess

Last 2 weeks Chron. T.B.

(DURATION) 210 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward Stubbs M.D.

Address 215 Augusta

Date Dec 27 1907

Place of Burial Cathedral Cemetery

Date December 30" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18 V

CERTIFICATE OF DEATH.

C 7763

Registered No. B.....

City of Baltimore, (No. 1614, E Fayette. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cecilia V. Ewart

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug — 22 1839
(Month) (Day) (Year)

AGE 69 years, 4 months, 4 days

[redacted] WIDOWED, [redacted] Widow

BIRTHPLACE (State or country) Batto City

FULL NAME OF FATHER William Allen.

BIRTHPLACE OF FATHER (State or country) Philadelphia Pa

MAIDEN NAME OF MOTHER Margaret Fowler

BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Kellenbeck

(Address) 1614 E Fayette St.

Filed 12/28 190 7 HARRY O. MORRIS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Dec 25 1907

that I last saw her alive on Dec 25 1907 at 3.30

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 18 10 DAYS

Contributory Erysipelas (DURATION) 18 18 DAYS

(Signed) Geo F Kinnecke M. D.

Dec 26 1907 (Address) 105 E Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Dec 29" 1907

UNDERTAKER Evans & Spence

ADDRESS 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and d

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79 V

CERTIFICATE OF DEATH.

Registered No. B C 7764

City of Baltimore, (No. 1801 Hope St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 26 1834
(Month) (Day) (Year)

AGE 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Hugh Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Grady

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Murphy

(Address) 1801 Hope St.

Filed 12/28 1907

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec 26 1907 that I last saw him alive on Dec 26 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cardiac Insufficiency
suspended by
Acute Indigestion

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) R. P. Carman M. D.

Dec 26 1907 (Address) 1201 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bolto Cemetery	Dec 29 1907
UNDERTAKER	ADDRESS
Robt J Turner	1747 Bway

WM. J. C. DULANY CO., BALTIMORE

Ward W

C 7765

Registered No. B 103

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Jennie Smith.

{ Residence, if in Baltimore, Give Street and Number. } 674 Balto. St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 11 1876

AGE 31 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Tennessee

FULL NAME OF FATHER Ludwig Hoffman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magenta Richberg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magenta Hoffman

(Address) 1405 Eutaw St

Filed 12/28 190 7

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-27 190 7

I HEREBY CERTIFY, That I attended deceased from 11-17- 190 7 to 12-27 190 7 that I last saw her alive on Dec 27 190 7, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Gesture

(DURATION) One year DAYS

(Signed) W. W. Bosely M.D.

Address Md. Gen. Hospital.

Date Dec. 27, 1907

Place of Burial [redacted]

Date Dec 29 190 7

Undertaker Robt. Kinsella

Address 1742 N. Pulaski

St. Matthews. Cemetery

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7766 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name May. B. Whiteleather

{ Residence, if in Baltimore, Give Street and Number. } 730 George St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 29th 1875

AGE 31 years, 11 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Littleton M. Walker

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mollie Collison

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. Whiteleather

(Address) 730 George St.

Filed 12/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 28 1907

that I last saw h alive on Dec 28 1907

and that death occurred, on the date stated above, at 4.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma - Uremia

(DURATION) DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) Jno. G. Stiegel M.D.

Address 90, Fayette ave

Date Dec. 28 1907

Place of Burial Loudon Park

Date Dec 30th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr Steffen

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to give notice, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 ✓

CERTIFICATE OF DEATH.

C 7767

City of Baltimore, [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] (No. 426 N. Fremont St.; Ward) Registered No. B

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Myrtle Kirk

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 12 (Month) 20 (Day) 1907 (Year)

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Oliver F. Kirk

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Tracey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver F. Kirk

(Address) 426 N Fremont, av

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to Dec 27 1907 that I last saw h— alive on Dec 27 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

Contributory ..... (DURATION) 4 DAYS

(Signed) F. M. Simmons M. D.

Dec 27 1907 (Address) 317 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 30 1907

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 W Balt St

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 1214 E Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Grover C and Lizzie T Sadtler

{Residence, if in Baltimore, Give Street and Number.} N. E. Cor Harford Ave. & Hoffman st.

Duration of Residence in Baltimore. Life C 7768

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 25 1907

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Grover C Sadtler

BIRTHPLACE OF FATHER (State or country) Petersburg Va

MAIDEN NAME OF MOTHER Lizzie A Stoner

BIRTHPLACE OF MOTHER (State or country) Union Bridge Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grover C Sadtler

(Address) 1214 E Hoffman st

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1907 to Dec. 27 1907

that I last saw h[illegible] alive on Dec. 27 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital atelectasis

(DURATION) 2 DAYS

Contributory (Primary) Congenital

Weak Heart (DURATION) 2 DAYS

(Signed) H H Stoner M.D.

Address 2229 E Federal st.

Date Dec. 27 1907

Place of Burial LOUDON PARK

Date DEC 28 1907 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43

CERTIFICATE OF DEATH.

Registered No. B C 7769

City of Baltimore, (No. 748 Columbia Ave St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Houser

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 24 (Month) / (Day) 1860 (Year)

AGE: 47 years, months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): city

FULL NAME OF FATHER: James Houser

BIRTHPLACE OF FATHER (State or country): city

MAIDEN NAME OF MOTHER: Elizabeth Spicer

BIRTHPLACE OF MOTHER (State or country): city

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C/o Houser

(Address) 748 Columbia Ave

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 27 1907

that I last saw him alive on Dec 27 1907,

and that death occurred, on the date stated above, at 3.10 a. m. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 3 DAYS

Contributory Bronchitis

(DURATION) DAYS

(Signed) Joseph Stark M. D.

Dec 28 1907 (Address) 1901 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Dec 30 1907

UNDERTAKER: Wm J Tuckerman

ADDRESS: Cygnet Park st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 7770 Registered No. B C 7770

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 Mc Henry St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude E. Lepper

{Residence, if in Baltimore, Give Street and Number.} 727 Mc Henry St

Duration of Residence in Baltimore. Life. C 7770

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 10th 1891

AGE 16 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) city

FULL NAME OF FATHER Geo Lepper

BIRTHPLACE OF FATHER (State or country) " city

MAIDEN NAME OF MOTHER Margaret Gilchrist

BIRTHPLACE OF MOTHER (State or country) city

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Lepper

(Address) 727 Mc Henry St.

Filed 12/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1907

I HEREBY CERTIFY, That I attended deceased from March 1906 to Dec 26 1907 that I last saw h er alive on Dec 26 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Con'ributory (Primary.) Chronic Nephritis (DURATION) DAYS

(Signed) S. M Lumpkin M.D.

Address 602 S. Paca St.

Date Dec 27 1907

Place of Burial New Cathedral

Date Dec 30 1907

Undertaker N. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7771 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Patterson Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret E. Brosius

{Residence, if in Baltimore, Give Street and Number.} 1126 Patterson Ave

Duration of Residence in Baltimore. Lifetime C 7771

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Dec 5 1905

AGE: 2 years, — months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Brosius

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Elizabeth Walter.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Brosius

(Address) 1126 Patterson Ave

Filed 12/28 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Dec 28 1907

that I last saw h[illegible] alive on Dec 27 1907,

and that death occurred, on the date stated above, at 1 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Diphtheria

Surgical (DURATION) 2 DAYS

(Signed) W. Kastein M.D.

Address 852 W. North Ave.

Date Dec 28 1907

Place of Burial Linden Park. Cemetery

Date Dec 28 1907

Undertaker Mrs Cudlow Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., Baltimore.

3 P M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 901 Penna. Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Lancaster

{Residence, if in Baltimore, Give Street and Number.} 901 Penna. Ave.

Duration of Residence in Baltimore. Life

C 7772

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: May 1st 1836	
AGE: 71 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	John Lancaster
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Rayner
BIRTHPLACE OF MOTHER (State or country)	Anne Arundel Co.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Lancaster

(Address) 901 Penna ave

Filed 12/28 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 27th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Acute Endocarditis (DURATION) ... DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lap. Ave. (Comm.)

Date Dec. 27th 1907

Place of Burial London Park

Date Dec 30th 1907

Undertaker Geo. Bentz

Address 594 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1910 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles William Keel

{ Residence, if in Baltimore, Give Street and Number. } ~~Ofs~~ 1910 Orleans St Balto.

Duration of Residence in Baltimore. 57 years C 7773

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 30th 1834

AGE: 73 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henry Lederer

(Address) 1910 Orleans St.

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1907 to Dec 26th 1907

that I last saw him alive on Dec 26 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea

(DURATION) 7 DAYS

Contributory (Primary) Chronic Dropsy

Enlargement of Heart (DURATION) 2 DAYS

(Signed) Chas B. Fryer M.D.

Address 530 N Broadway

Date Dec 27th 1907

Place of Burial Mt. Carmel Cem

Date 12/25/07 1907

Undertaker Henry Hon

Address 1078 Orleans St

✓

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 Registered No. B C 7774

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Baltimore City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Schneeman.

{Residence, if in Baltimore, Give Street and Number.} 212 N. Chester St City

Duration of Residence in Baltimore. 50 Years. C 7774

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 5th 1837

AGE: 70 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Schneemann

(Address) 212 N. Chester

Filed 12/28 1907. HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 27th 1907. that I last saw him alive on Dec 27th 1907., and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardio Constrictis (probably)

(DURATION) DAYS

Contributory (Primary.) Suspected Hernia

Sec (DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date Dec 27th 1907.

Place of Burial Mt. Carmel

Date 12/30/07 190.

Undertaker J. Hervey Son

Address 2008 Aisquith St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7775 Registered No. B 2

CERTIFICATE OF DEATH.

120

(Place of Death.) No 1502 Baker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Martin

{ Residence, if in Baltimore, Give Street and Number. } 1502 Baker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John A. Martin Sr.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara B Rodgers

(Address) 1502 Baker St

Filed 12/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Dec 27 1907 that I last saw h alive on Dec 27 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate

Hypostasis

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) J Thomas Gibson M.D

Address 1300 Hinkson St

Date Dec 27 1907

Place of Burial Loudon Park.

Date Dec 30 07 1907

Undertaker Wm Cook Co.

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

30 V

(Place of Death.) No. 1504 N. Montford Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry E. Robinson C 1116.

{ Residence, if in Baltimore, Give Street and Number. } 1504 N. Montford Ave.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 28 1887

AGE: 20 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: David G. Robinson.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Anna C Forman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David G Robinson

(Address) 1504 N Montford Ave

Filed Dec. 28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Dec 26 1907 that I last saw him alive on Dec 26 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or ~~Immediate~~)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Potts Disease

unknown (DURATION) DAYS

(Signed) B.P. Herzog. M.D.

Address 1601 N Patterson Park Ave

Date December 28 1907

Place of Burial Baltimore Cemetery

Date Dec 30 1907

Undertaker Geo Wasse

Address 1442 N Gay St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 931

CERTIFICATE OF DEATH.

(Place of Death.) No. 1411 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Howard C 7777

{Residence, if in Baltimore, Give Street and Number.} 1411 Orleans St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Dockins

BIRTHPLACE OF FATHER (State or country) Louisa Ky

MAIDEN NAME OF MOTHER Delia Soule

BIRTHPLACE OF MOTHER (State or country) Hardegrace Md

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Delia Dockins

(Address) 1411 Orleans St

Filed Dec 28 1907

HARRY O. ARMA[illegible], PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1907 to Dec 26th 1907 that I last saw h[illegible] alive on Dec 26th 1907, and that death occurred, on the date stated above, at 9.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Respiratory failure

(DURATION) 1 DAYS

(Signed) John Ravi M.D.

Address 2108 Orleans St

Date Dec 26th 1907

Place of Burial Laurel ✓

Date Dec 28th 1907

Undertaker Wm J Jackson

Address 1421 Mullikin St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 3

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 13 W. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E. Johnson

{Residence, if in Baltimore, Give Street and Number.} 13 W. Church St

C 7778

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jas. Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Turner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Johnson

(Address) 13 W. Church St

Filed Dec 28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 25 1907

that I last saw him alive on Dec 25 1907,

and that death occurred, on the date stated above, at 11.25 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 4 DAYS

(Signed) H. Fowler M.D.

Address 712 S. Sharp

Date Dec 28 1907

Place of Burial Mt Auburn

Date Dec 29 1907

Undertaker Jno H. Broadwater

Address 1142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 952 w Saratoga St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Brooks

{Residence, if in Baltimore, Give Street and Number.} 952 w Saratoga St

Duration of Residence in Baltimore. Life

C 7779

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: David Brooks

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Maria Innes

BIRTHPLACE OF MOTHER (State or country): md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thomas

(Address) 952 W Saratoga

Filed Dec 28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 25 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.30 a m

CAUSE OF DEATH (Secondary or Immediate)

E Laudin

Lft Hemiplegia

Contributory (Primary.) (DURATION) 2d DAYS

(DURATION) DAYS

(Signed) R J Martin M.D.

Address Coroner

Date Dec 29 1907

Place of Burial Mt Auburn

Date Dec 28 1907

Undertaker Jno D. Toadvine

Address 142 Custer

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 431 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Fisher

{Residence, if in Baltimore, Give Street and Number.} 431 Druid Hill Ave 7280

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Daniel Ball

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 431 Herwood Hill Ave

Filed Dec. 28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Dec 26 1907 that I last saw her alive on Dec 26, 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 180 DAYS

(Signed) D. Grantfeath M.D.

Address 354 W. Biddle St.

Date Dec 28th, 1907

Place of Burial Mt. Auburn

Date Dec 30th 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B .....

CERTIFICATE OF DEATH.

924

(Place of Death.) No. 507 E Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl A. Wentworth

{ Residence, if in Baltimore, Give Street and Number. } 507 E. Clement pl.

C 7781

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1839.

AGE 68 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) dont Know

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Wentworth

(Address) 507 E. Clement st.

Filed Dec. 28 1907

HARRY O. ANDREWS, PERMIT AGENT Registrar

Lait

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec 27 1907 that I last saw h[illegible] alive on Dec 26 1907 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 12 hours DAYS

Contributory (Primary.) Acute Cerebral

(DURATION) all 3 DAYS

(Signed) Robt. O. J. Lehnts M.D.

Address 1315 N. Charles St.

Date Dec. 28 1907

Place of Burial Baltimore Cemetery

Date Dec 29 1907

Undertaker Jos. Stuntebeck

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

KODAK SAFETY FILM

Registered No. B C7782

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Albion Hotel Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Orson Adams.

{Residence, if in Baltimore, Give Street and Number.} Howard County, Md

Duration of Residence in Baltimore. About three weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Thomas Adams

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irving Adams

(Address) 1003 N. Calvert St.

Filed 12/28 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 27 1907 that I last saw h[illegible] alive on Dec 27 1907, and that death occurred, on the date stated above, at 9.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

Cerebral Hemmorrhage

(DURATION) 5 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) 6 months DAYS

(Signed) [illegible] M.D.

Address 1033 N Charles St

Date Dec 27, 1907

Place of Burial London Park

Date Dec 29th 1907

Undertaker F. W. Jenkins & Sons Co

Address 308 W. Madison Ste

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 Registered No. B 274

CERTIFICATE OF DEATH.

(Place of Death.) No. 640 S Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emilie Marks

{ Residence, if in Baltimore, Give Street and Number. } 640 S. Montford Ave.

C 7783

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 10 1895

AGE: 12 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Fred R. Marks

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Smyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred R Marks

(Address) 640 S Montford ave

Filed Dec 27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Dec 26 1907

that I last saw her alive on Dec 25 1907

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tub Pulmonalis

(DURATION) DAYS

(Signed) C. H. Thorp M.D.

Address 2 Hudson

Date Dec 27th 1907

Place of Burial Ev. St Paulus Cemetary

Date Dec 29 1907

Undertaker Louis Hermann

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. 1814 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William C. Wheary St.

{Residence, if in Baltimore, Give Street and Number.} 1814 Bank St

Duration of Residence in Baltimore. Lifetime

C 7784

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct. 28th 1907

AGE ... years, 1 months 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER William C. Wheary

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Christina Schmit

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Wheary

(Address) 1814 Bank St

Filed Dec. 28 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23rd 1907 to Dec 26th 1907

that I last saw him alive on Dec. 26 1907

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Contributory (Primary.) (DURATION) 4 DAYS

(DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St.

Date December 28th 1907

Place of Burial Mt. Carmel Cemetery

Date Dec. 28th 1907

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. 6

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1916 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Sorno.

{Residence, if in Baltimore, Give Street and Number.} 1916 Brunt St.

C 7785

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR Colored

DATE OF BIRTH 1

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Betts

(Address) 1916 Brunt St

Filed Dec 28 1907

HARRY O. [illegible]
PERMIT CLERK, Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1907 to Dec. 26 1907 that I last saw h[illegible] alive on Dec. 26 1907, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) 6 DAYS

(Signed) [illegible] M.D.

Address 515 Mosher St.

Date Dec. 27 1907

Place of Burial Mariner Park Northumberland Co Va

Date Dec 30 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C 7786

C 7786

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1453 Ward St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. Skinner,

{Residence, if in Baltimore, Give Street and Number.} 1453 Ward St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH:

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Charles Skinner

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Fanny Blunt

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fanny B. McClain

(Address) 1206 Druid Hill Ave

Filed 12/28 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1907 to Dec 27 1907

that I last saw him alive on Dec 24 1907,

and that death occurred, on the date stated above, at 7.50 a. m. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis

10 mos (DURATION) DAYS

Contributory (Primary) Pul. Hemorrhage

(DURATION) 10 DAYS

(Signed) C. L. Nicholls, M.D.

Address 5 E 23d St

Date Dec. 27 1907

Place of Burial Mount Auburn

Date Dec 29 1907

Undertaker John H. Owens & Son

Address 1122 Dumas

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Registered No. B

15 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 Hanover St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Loomis

{ Residence, if in Baltimore, Give Street and Number. } 719 Hanover St.

Duration of Residence in Baltimore. Life. C7788

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Dec 27 1907.

AGE 6 Hours.
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 719 Hanover St. Balto. Md.

FULL NAME OF FATHER Fred. L. Loomis.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Annie M. Schmidt

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Waldkoenig MD.

(Address) 603 S. Sharp St.

Filed 12/28 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Dec 27 1907

that I last saw him alive on Dec 27 1907.

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 mo. Child.
Cardiac Asthenia (DURATION) Hours.

Contributory (Primary.) (DURATION) DAYS

(Signed) L. Waldkoenig M.D.

Address 603 S. Sharp St.

Date Dec 28. 07. 1907.

Place of Burial Loudon Park Cemetery

Date Dec 28 1907

Undertaker F A Krause Bro

Address 703 Hanover Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That the duty of the Physician who attended during his or her last sickness the person shall die in the said city it shall be notice, to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name**, residence, superintending the burial, a certificate deceased, and the **cause and date of death**. whether married or single) of the person

Ward 19 Registered No. B C 7787

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1848 Lorman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1848 Lorman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1864

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David Henry Dorsey

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) not known

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Hayes (sister)

(Address) 1848 Lorman St

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Dec 26 1907

that I last saw h er alive on Dec 26 1907

and that death occurred, on the date stated above, at 10 P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 3 DAYS

Con'tributory (Primary.)

asphyxia (DURATION) 1 DAY

(Signed) T E Daugherty M.D.

Address 2506 Penna Ave

Date Dec 27 - 1907

Place of Burial Mt Auburn

Date December the 28 1907

Undertaker JAMES H. DENNIS

Address 1832 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

647

(Place of Death.) No. 1524 W. Pratt St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry Schlarb

{ Residence, if in Baltimore, Give Street and Number. } 1524 W. Pratt St.

Duration of Residence in Baltimore. Life time C 7789

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH April 11th 1828	
AGE 69 years, 8 months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Prussia
FULL NAME OF FATHER	Fred. Schlarb
BIRTHPLACE OF FATHER (State or country)	Prussia
MAIDEN NAME OF MOTHER	Elizabeth Klein
BIRTHPLACE OF MOTHER (State or country)	Prussia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schlarb

(Address) 524 W. Pratt St

Filed 12/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 26 1907 that I last saw him alive on Dec 26 1907 and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Right Hemiplegia

(DURATION) 17 DAYS

Con'tributory (Primary.) Cancer

(DURATION) 3 DAYS

(Signed) Henry C. Ohler M.D.

Address 1203 W. Fayette St

Date Dec 27 1907

Place of Burial Balto Cemetary

Date Dec. 29th 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna W Ault

{Residence, if in Baltimore, Give Street and Number.} 1118 Chesapeake St.

Duration of Residence in Baltimore. 50 years C 7790

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec 9 1828
AGE	79 years, — months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Flora Strasner

(Address) 1118 Chesapeake St.

Filed 2/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1907 to Dec. 28 1907 that I last saw h alive on Dec. 24 1907 and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Cirrhosis of Liver (DURATION) DAYS

Contributory (Primary) asthma (DURATION) 1 week DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Ave

Date Dec. 28 1907

Place of Burial Sacred Heart Cemetery

Date Dec 30, 1907

Undertaker Germanus, Frank

Address Bank & Bradford Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward W1 C 7791 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Rodgers

{Residence, if in Baltimore, Give Street and Number.} Mt Washington Md.

Duration of Residence in Baltimore. L C7791

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: Black.

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M—

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital

(Address) Edwt Monalogue

Filed 12/29" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 27 1907

that I last saw h.. alive on Dec 27 1907

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary — Tuberculosis

(DURATION) — DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. H. Baker M.D.

Address City Hospital

Date Dec 28th 1907

Place of Burial Bank Hill

Date Dec 31 — 1907

Undertaker A. B. Ellars Hall

Addre 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

52

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel F. Ward

{ Residence, if in Baltimore, Give Street and Number. } Roanoke Va.

Duration of Residence in Baltimore.

C 7792

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 6 1871

AGE: 36 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles F. Ward

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret A. Degarft

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: R. R. Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Ward

(Address) Roanoke Va

Filed 12/29" 1907 HARRY G. ANDREAS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 28" 1907 that I last saw h[illegible] alive on Dec 28 1907, and that death occurred, on the date stated above, at 11.25 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Addisons disease.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date Dec 28" 1907

Place of Burial Roanoke Va

Date DEC 28 1907 DEC 23 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY,

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D 1201

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Levin C7793

{Residence, if in Baltimore, Give Street and Number.} 2714 N. Exeter St

Duration of Residence in Baltimore. Unknown 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jacob Levin

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther Siegle

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Levin

(Address) 2714 N. Exeter st

Filed 12/29 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Dec 27 1907 that I last saw h alive on Dec 27 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 5 DAYS

Contributory (Primary) Chr. Nephritis

(DURATION) — DAYS

(Signed) [illegible] Boyd M.D.

Address Hebrew Hospital

Date Dec 29 1907

Place of Burial Hebrew Blair Road

Date Dec 29, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1541

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7794

Registered No. B .....

City of Baltimore, (No. 1029 E. Madison St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda Frielander

PERSONAL AND STATISTICAL PARTICULARS

SEX f | COLOR W.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 81 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Samuel Fox

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lowitz Brown

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan Fox

(Address) 1025 E. Madison St

Filed 12/29 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Dec 28 1907 that I last saw h[illegible] alive on Dec 28 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

General Senility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. L. Levy M. D.

12/28/07 190 (Address) 733 Cinquith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Holmes Woodlawn Cemetery

DATE OF BURIAL Dec 29 1907

UNDERTAKER Max Levinson

ADDRESS 1620 McElderry St

Patient died in one hour after call.

WM. J. C. DULANY CO., SALTIMORE.

Registered No. D 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Penna Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary M. Hart (Hart)

{ Residence, if in Baltimore, Give Street and Number. } 1414 Pa. Ave.

Duration of Residence in Baltimore. Life C 7795

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, about months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. John Hart

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Margaret Halfpenny

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml. A. Hart

(Address) 1527 N. Fayette St

Filed 12/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Duration ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Chas Baldwin M.D.

Address 700 Log am. (Crown)

Date Dec. 29th 1907

Place of Burial London Park

Date Dec 30. 1907

Undertaker John E. Howard & Co

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7796

City of Baltimore, (No. 225 S. Green St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nadie Pulcaviez

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1857 (Year)

AGE: 50 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Married Russia

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 225 S Green St

Filed Dec 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 28 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1907 to Dec. 28th 1907

that I last saw him alive on Dec 27th 1907,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A. J. Lacer M. D.

Dec 28th 1907 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Stanislaus — DATE OF BURIAL: Dec 30 1907

UNDERTAKER: N 3' Frink — ADDRESS: 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B [illegible]

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1359 Woodyear St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche A. Hackwelder

{Residence, if in Baltimore, Give Street and Number.} 1359 Woodyear St

Duration of Residence in Baltimore. Life

C 7797

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph. Mc Williams

BIRTHPLACE OF FATHER (State or country): Charles Co Md

MAIDEN NAME OF MOTHER: Alice Stuart

BIRTHPLACE OF MOTHER (State or country): Charles Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice McWilliams

(Address) 1359 Woodyear St

Filed Dec 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 27th 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis cerebral

three mos (DURATION) DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) Allan Baldwin M.D.

Address 700 Lex. av. (Comp.)

Date Dec. 28th 1907

Place of Burial S. Peters

Date Dec 29th 1907

Undertaker Adam E. Wendt

Address 1314 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Belle Ave. Forest Park. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie May Cromwell.

{ Residence, if in Baltimore, Give Street and Number. } Belle Ave Forest Park.

Duration of Residence in Baltimore. 28 Years.

C 7798

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 12 1878

AGE: 29 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Samuel S Flood

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Elizabeth S Collins

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E B. Cromwell

(Address) Belle Ave Forest Park

Filed Dec 29 1907

Wood

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27. 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Dec 27 1907

that I last saw her alive on Dec. 27 1907.

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carditis work
with effusion in Cardiac
sac

(DURATION) 4 DAYS

Contributory (Primary) Hydrothorax Left

(DURATION) DAYS

(Signed) H L Evans M.D.

Address 151 N Carey

Date Dec 28 1907

Place of Burial London Park

Date Dec 30 1907

Undertaker Geo J Smith Co

Address 1000 W Fayette

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66 Y

CERTIFICATE OF DEATH.

Registered No. B C 7799

City of Baltimore, (No. 509 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Darrington Ely

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 10 (Day) 1814 (Year)

AGE: 93 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: John Darrington

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Catherine Dallas

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Baldwin

(Address) 509 N. Carey St.

Filed Dec 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ——— 190 to Dec 27 1907

that I last saw her alive on Dec 27 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Paralysis + Renal ?

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm Dulany Thomas M. D.

Dec 28 1907 (Address) 633 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Dec 30 1907
UNDERTAKER	ADDRESS
Jno J. Smith & Co	1000 N. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Reg[illegible]

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 906 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Driscoll

{Residence, if in Baltimore, Give Street and Number.} 906 N. Gay St

Duration of Residence in Baltimore. Life C 7800

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH April 24th 1903

AGE 4 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William J. Driscoll

BIRTHPLACE OF FATHER (State or country) Mass.

MAIDEN NAME OF MOTHER Barbara E. Batzer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Driscoll

(Address) 906 N. Gay St.

Filed Dec 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1907 to Dec 27th 1907

that I last saw h alive on Dec 27th 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buck M.D.

Address 2844 St Paul St

Date Dec 28th 1907

Place of Burial Holy Redeemer Cemetery

Date Dec 29th 1907

Undertaker Henry Hoede & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

71 V

(Place of Death.) No. 329 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genevieve Walsh

{Residence, if in Baltimore, Give Street and Number.} 329 S Chester

Duration of Residence in Baltimore: Life C 7801

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 23rd 1907

AGE: 5 months and

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Walsh

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Genevie O'Donnell

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Walsh

(Address) 329 S Chester St.

Filed Dec 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 = 1907

I HEREBY CERTIFY, That I attended deceased from —— 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Lyster Coroner M.D.

Address 320 ½ Greene St.

Date 190

Place of Burial Cathedral Cem

Date Dec. 29th 1907

Undertaker Jno A. Moran

Address Banks & Arnold

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

170

(Place of Death.) No. Jno Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Heber

{ Residence, if in Baltimore, Give Street and Number. } 211 S. Paca St

Duration of Residence in Baltimore. 24 yrs

C 7802

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. C. Kretzschmar

(Address) 1201 Eutaw ave.

Filed Dec 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Laceration of brain tissue

due to fractured skull

Was struck on head with beer glass

(DURATION) 14 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) O'Martin M.D.

Address

Date Dec 27 1907

Place of Burial Western Cemetery

Date Dec. 29th 1907

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Cora Stebbins

{Residence, if in Baltimore, Give Street and Number.} 2115 Maryland Ave

Duration of Residence in Baltimore. Life time C 7803

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 27, 1856

AGE 51 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Washington, D.C.

FULL NAME OF FATHER Wallace Stebbins

BIRTHPLACE OF FATHER (State or country) Vermont

MAIDEN NAME OF MOTHER Sarah Elizabeth Severson

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. W. Stebbins

(Address) 2730 N. Charles St.

Filed Dec 29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28d 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Dec 27 1907

that I last saw her alive on Dec 27 1907

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of bowels

6 to 8 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas E. Sadtler M.D.

Address 1415 Linden Ave

Date Dec 28th 1907

Place of Burial London Park

Date December 30th 190

Undertaker H. W. Jenkins & Sons Co.

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. C7804

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 2407 McCulloh St.; Ward) Registered No. B [illegible]780

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Babette Siebenschneider

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Germany

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Germany

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Rinz

(Address) 2407 McCulloch St.

Filed Dec 15 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 27 1907

that I last saw h[illegible] alive on Dec 26 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Cardiac Paralysis

Contributory La Grippe (DURATION) 1 DAY

(Signed) A Lawrence (DURATION) 2 DAYS

Dec 27 1907 (Address) 2003 McCulloh M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery DATE OF BURIAL: Dec 29 1907

UNDERTAKER: J Thenslo ADDRESS: 754 Eutaw St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Cora Kahn

{Residence, if in Baltimore, Give Street and Number.} 2437 Woodbrook Ave

Duration of Residence in Baltimore. Life C 7805

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Dave Kaufman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Henrietta Rubin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Kaufman

(Address) 2437 Woodbrook Ave

Filed Dec 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1907 to Dec 28th 1907

that I last saw h— alive on Dec 28th 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever with Perforation of Intestine

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H Baker M.D.

Address City Hospital

Date Dec 28th 1907

Place of Burial Jewish Joint Cemetery

Date Dec 30 1907

Undertaker J Sheets Co

Address 554 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 664 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophie M. Dutowsch.

{ Residence, if in Baltimore, Give Street and Number. } 664 W. Lexington St.

Duration of Residence in Baltimore. Lifetime C7806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank X. Dutowsch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Fischer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saleswoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Dutowsch

(Address) 664 W Lexington

Filed 12/29 1907 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Dec 1907 that I last saw h alive on Dec 24 1907, and that death occurred, on the date stated above, at 4 15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Dec 27. 1907.

Place of Burial Holy Redeemer

Date 12/30 1907

Undertaker Wm J Schilling

Address 918 Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick P. Holmes

{Residence, if in Baltimore, Give Street and Number.} 1209 W. Mulberry St

Duration of Residence in Baltimore. 25 years C 7807

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 15- 1867

AGE: 40 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Nathaniel Holmes

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Sarah M. Flag.

BIRTHPLACE OF MOTHER (State or country): New Hampshire

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L L Leland

(Address) 1209 W. Mulberry st

Filed 12/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 27 1907 that I last saw him alive on Dec 27 1907, and that death occurred, on the date stated above, at 8.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease (Chronic)

unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Dec 28 1907

Place of Burial Loudan Park

Date Dec 30 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1437

CERTIFICATE OF DEATH.

(Place of Death.) No. 2217 Oak St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles A. Lutz

{Residence, if in Baltimore, Give Street and Number.} 2217 Oak

Duration of Residence in Baltimore. C7808

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 1844

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas F. Lutz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Susan Jackson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Emma H. Dugent

(Address) 2217 Oak St

Filed 12/30 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 27 1907

that I last saw him alive on Dec 27 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septic poisoning - asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Carbuncle

(DURATION) 20 DAYS

(Signed) Geo. Mettins M.D.

Address 6 N. Bond

Date Dec. 29 1907

Place of Burial Loudon Park

Date Dec. 30 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Devine

{Residence, if in Baltimore, Give Street and Number.} 702 E. North Ave

Duration of Residence in Baltimore. 50 yrs C 7809

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ——— 1

AGE 85 - about years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER ——— not known

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Devine

(Address) 702 E. North Ave

Filed 12/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 28 1907 that I last saw h— alive on Dec 27 1907, and that death occurred, on the date stated above, at 5.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis & Dropsy

(DURATION) ..... DAYS

Contributory (Primary.) old age

(DURATION) ..... DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Dec 28 1907

Place of Burial Bonnie Brae

Date Dec. 30, 1907

Undertaker J. J. O'Falvey

Address 1232 Gilliam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Lennox Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name G. S. Handel

{ Residence, if in Baltimore, Give Street and Number. } 807 Lennox St

Duration of Residence in Baltimore. 20 years C 7810

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White.

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Moses Handel.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Store Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Dealham.

(Address) 807 Lennox St

Filed 12/30 1907

HARRY O. ANDRAPS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Dec 28 1907 that I last saw h alive on Dec 28 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart trouble
La grippe

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J A Mellonie M.D.

Address 1303 W North ave

Date Dec 28 1907

Place of Burial Rock Springs

Date Dec 30 1907

Undertaker J Young & Co

Address 1154 Eutaw St

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. 828 Harmon Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Driver

{ Residence, if in Baltimore, Give Street and Number. } 828 Harmon Lane

Duration of Residence in Baltimore. Life

C 7811

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH 1

AGE ..... years, 1 mont's, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Driver

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Driver

(Address) 828 Driver

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from a Corpse 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address

Date Dec 30 1907

Place of Burial Mt Auburn Cemetery

Date Dec 30 1907

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 566 Biddle alley, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Brown.

{Residence, if in Baltimore, Give Street and Number.} 566 Biddle alley.

Duration of Residence in Baltimore. 33 years C 7812

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mass

FULL NAME OF FATHER: Jacobs Fields

BIRTHPLACE OF FATHER (State or country): R. I.

MAIDEN NAME OF MOTHER: Caroline Makall

BIRTHPLACE OF MOTHER (State or country): R. I.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ada Brown

(Address) 566 Biddle Alley

Filed 12/30 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Dec 28 1907

that I last saw h er alive on Dec 28 1907,

and that death occurred, on the date stated above, at 12:0 M.

11. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis.

Six months (DURATION) DAYS

Contributory (Primary.) Nephritis.

One year (DURATION) DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Dec. 29, 1907

Place of Burial Cathedral Cemetery

Date Dec. 30 1907

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF [illegible]

937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7813

City of Baltimore, (No. 506 Parish al St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Alexander Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Nov 24th 1
(Month) (Day) Year)

AGE 5 weeks
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 506 Parish al

FULL NAME OF FATHER Walter Nelson

BIRTHPLACE OF FATHER (State or country) West River Md

MAIDEN NAME OF MOTHER Edna Ware

BIRTHPLACE OF MOTHER (State or country) Washington Co

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Nelson

(Address) 506 N Parrish Alley

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1907 to Dec 28th 1907 that I last saw h[illegible] alive on Dec 26th 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory Cold

(DURATION) 6 DAYS

(Signed) C D Barker M. D.

Dec 29 1907 (Address) 1116 W Fayette st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery | DATE OF BURIAL Dec. 31 1907

UNDERTAKER Felix B. Pye | ADDRESS 102 Shawberry st

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 7814 — Registered No. B C 7814

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Geo. Wright. 319 Tyson St

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Col.
DATE OF BIRTH	1
AGE	34 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	— —
BIRTHPLACE OF FATHER (State or country)	Oxford
MAIDEN NAME OF MOTHER	Inman
BIRTHPLACE OF MOTHER (State or country)	Oxford
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. [illegible]

(Address)

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

BAY VIEW ASYLUM Letter Box Supt

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1907 to Dec 28 1907 that I last saw him alive on Dec 28 1907 and that death occurred, on the date stated above, at 6-00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation.

(DURATION) DAYS

Contributory (Primary.) Atheroma - Endo-endarteritis (DURATION) DAYS

(Signed) W H F. Bay M.D.

Address Bay View

Date Dec. 29 1907

Place of Burial Mt Auburn Cemetery

Date Dec 31/07 1907

Undertaker H. C. Branning

Address 5. S. Poppleton St

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7815 Registered No. B C 7815

CERTIFICATE OF DEATH.

(Place of Death.) No. 1925 Pennsylvania Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Dora A McFadden

{Residence, if in Baltimore, Give Street and Number.} 1925 Penna Ave,

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH January 7 1886

AGE 20 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Emmitsburg Md

FULL NAME OF FATHER Geo. M. Rider

BIRTHPLACE OF FATHER (State or country) Emmitsburg Md

MAIDEN NAME OF MOTHER Ellen J Lorick

BIRTHPLACE OF MOTHER (State or country) Littlestown Pa

OCCUPATION OF DECEASED Home - wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 1914 Penna Ave

(Address) Georgette McLaughlin

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1906 to Dec 27 1907

that I last saw h alive on Dec 27 1907

and that death occurred, on the date stated above, at 8-25 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(Exhaustion)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C Houck M.D.

Address 1914 Penna Ave.

Date Dec 28 1907

Place of Burial Emmitsburg Md

Date Dec 30th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker employed for burying the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, color and single) of the person deceased, and the **cause and date of death.**

C 7816

Ward 8 C 7816 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Hyatt Knower

{ Residence, if in Baltimore, Give Street and Number. } 1127 N. Caroline St. Knower

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 12/30 1907

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1907 to Dec. 28 1907 that I last saw h er alive on Dec. 28 1907, and that death occurred, on the date stated above, at 8.40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

(DURATION) DAYS

Contributory (Primary.) Angina Pectoris

(DURATION) DAYS

(Signed) Peregrine Worth, Jr. M.D.

Address Union Prot. Inf.

Date Dec. 28, 1907.

Place of Burial Long Island on Hudson New York

Date Dec 30 1907

Undertaker William J Hartley

Address 2010 E Madison st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 C 7817 Registered No. B C 7817

CERTIFICATE OF DEATH.

(Place of Death.) No. 1428 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Goldberg

{Residence, if in Baltimore, Give Street and Number.} 1428 E. Lombard St

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Sol goldberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Charnier

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Goldberg

(Address) 1015 Penna Ave

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Dec. 30 1907

that I last saw him alive on Dec. 28 1907,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

(DURATION) 2 DAYS

Contributory. (Primary.) Chronic bronchitis with emphysema & cardiac degeneration. (DURATION) 2 years

(Signed) J. C. Josephson M.D.

Address 4 N. Bway.

Date Dec. 30 1907

Place of Burial Roadale Cemetery Hebrew

Date Dec 30 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C 7818 Registered No. B C 7818

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jones

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jun 25 1907

AGE: ..... years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Inf. Asylum

(Address)

Filed 12/30 1907 HARRY O. ANDREW. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 27 1907 that I last saw her alive on Dec 27 1907, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline St

Date 12-27- 1907

Place of Burial Cathedral

Date Dec 30 — 1907

Undertaker H. C. Windefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7819 C 7819

Ward 5 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 327 N. Gay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matilda Wagner

{Residence, if in Baltimore, Give Street and Number.} 327 N. Gay St

Duration of Residence in Baltimore. about 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 27 1827
AGE	80 years, 10 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Schafer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Matilda Schafer
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A. Wagner

(Address) 327 N. Gay St

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec 28 1907

that I last saw h alive on Dec 27 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Right Hemiplegia

(DURATION) 2 DAYS

Con'ributory (Primary.) Cause

(DURATION) 2 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 N. Fayette St

Date Dec 28 1907

Place of Burial Baltimore Cem

Date Dec. 30 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Church Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...ALTH DEPARTMENT, City of Baltimore.

Ward ..... C 7820 Registered No. B ..... C 7820

56

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Mason

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 28 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Saml. C. Miller	
BIRTHPLACE OF FATHER (State or country): Balto. Md.	
MAIDEN NAME OF MOTHER: L. Schiedmuyt	
BIRTHPLACE OF MOTHER (State or country): Balto Md.	
OCCUPATION OF DECEASED: Maid	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hurley Sec'y

(Address) BAY VIEW ASYLUM

Filed 12/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Dec 28 1907

that I last saw h.. alive on Dec 28 1907

and that death occurred, on the date stated above, at 6 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Chronic Alcoholism

Contributory (DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Dec. 28 1907

Place of Burial 1st Evang'l Cem.

Date Dec. 30. 1907

Undertaker Kendall Lifsey & Son

Address 330 S. Bond St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 7821 Registered No. B C 7821

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 76 Druid Ave. St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Welbaugh

{Residence, if in Baltimore, Give Street and Number.} 76 Druid Ave

Duration of Residence in Baltimore. 10 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 6 1844

AGE 43 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick Md

FULL NAME OF FATHER Unlcalf

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Wilson

(Address) 76 Druid Ave

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Dec 28 1907 that I last saw her alive on Dec 27 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
& Dropsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. Smyth M.D.

Address 206 - 3rd Ave

Date Dec 28th 1907

Place of Burial St Mary's

Date Dec 30 1907

Undertaker W. S. Marshall

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE

✓

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7822 Registered No. B C 7822

931

CERTIFICATE OF DEATH.

(Place of Death.) No. 750 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Wombach (Wambach)

{Residence, if in Baltimore, Give Street and Number.} 750 W. Franklin St.

Duration of Residence in Baltimore. 62 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 27th 1825

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Wambach

(Address) 750 N. Franklin St

Filed 12/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1907 to Dec. 28 1907 that I last saw her alive on Dec. 27 1907, and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Sten)

about Six (DURATION) DAYS

Contributory (Primary.) Bronchial asthma & senility, some (DURATION) yrs

(Signed) Carlton M. Cook M.D.

Address 1101 W Lanvale St

Date Dec 29 1907

Place of Burial Baltimore Cemetery

Date Dec 31st 1907

Undertaker Geo. P. Bruns

Address 5744 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7823 Registered No. B C 7823

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary E Haskell

{ Residence, if in Baltimore, Give Street and Number. } Church Home & Infirmary Broadway & Fairmount Ave

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1813

AGE: 94 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Stubenrauch

(Address) Church Home & Infirmary

Filed 12/20 1907

HARRY O. INGRAM, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1907

I HEREBY CERTIFY, That I attended deceased from December 14 1907 to December 28 1907 that I last saw her alive on Dec 27 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Debility due to old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date December 28 1907

Place of Burial Bangor Maine ✓

Date Dec 31st 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 7824 Registered No. B C 7824

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 Miller St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas H Beard

{Residence, if in Baltimore, Give Street and Number.} 1624 Miller St Beard.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 21 1874

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Sam'l Beard

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Elizabeth Rider

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Rider

(Address) 1624 Miller St

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1906 to Dec 28 1907 that I last saw h[illegible] alive on Dec 27 1907, and that death occurred, on the date stated above, at 1.45 a M. CAUSE OF DEATH (Secondary or Immediate)

Venous Paralysis

(DURATION) 2 DAYS

Con'ributory (Primary.) Loc. Motor Ataxia (DURATION) 2 Years

(Signed) Chas E. Lang M.D.

Address 830 W Baltimore

Date ... 190...

Place of Burial Loudon Park Cemetery

Date Dec 31 1907

Undertaker Robt Turner

Address 1x1 N. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 C 7825 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 East Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Faul

{Residence, if in Baltimore, Give Street and Number.} 1218 East Oliver

Duration of Residence in Baltimore. 34 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 1856

AGE: 49 years, 9 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1218 E Oliver

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2d 1907 to Dec 28 1907

that I last saw h[illegible] alive on Dec 28 1907

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

Cancer

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm S Corze M.D.

Address Gardenville

Date Dec 29 1907

Place of Burial Loudon Park

Date Wednesday Jan 1 - 1908

Undertaker Robt J Thomas

Address 1742 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 4 C 7826 Registered No. B C 7826

CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie G. Killmond

{Residence, if in Baltimore, Give Street and Number.} 1514 E. Oliver

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Nov 27 1895

AGE 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John W Killmond

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Kate Durrell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Killmond

(Address) 1514 E. Oliver

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Dec 28 1907 that I last saw him alive on Dec 28 1907, and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion Heart failure

(DURATION) one month

Contributory (Primary.) Mitral disease

Endocarditis (DURATION) one year

(Signed) R G Davis M.D.

Address 1507 N Carlton

Date Dec 30th 1907

Place of Burial London Park

Date Dec 31 1907

Undertaker Robt J Turnbull

Address 1423 Ruxton

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 29 C 7827 Registered No. B C 7827

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1522 Boyle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John George Detzel

{Residence, if in Baltimore, Give Street and Number.} 1522 Boyle St.

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 22 1845

AGE: 62 years, 10 months, 6 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Detzel son

(Address) 1522 Boyle st.

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 28 1907

that I last saw ~~him~~ alive on Dec 27 1907

and that death occurred, on the date stated above, at 8.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) 3 DAYS

(Signed) W. O. Smith M.D.

Address 628 Hanover St

Date Dec 29 1907

Place of Burial Lorden park

Date Jan 1st 1908

Undertaker Jos. Stumbaugh

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7828

Ward 12 Vh

C 7828 Registered No. B

271

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Latrobe St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Irene E. Williams

{Residence, if in Baltimore, Give Street and Number.} 1604 Latrobe St

Duration of Residence in Baltimore. Life - (6 yrs 4 mos)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Aug 15 1901

AGE 6 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Wm H. Williams

BIRTHPLACE OF FATHER (State or country) Balto City.

MAIDEN NAME OF MOTHER Fannie E. Hamilton

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED. None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Williams

(Address) 1604 Latrobe St

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Dec 28 1907

that I last saw h-er alive on Dec 28 1907

and that death occurred, on the date stated above, at 11 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

Tuberculosis.

6 Mos (DURATION) ——— DAYS

Contributory (Primary.) Exhaustion

1 Month (DURATION) ——— DAYS

(Signed) E. A. Munoz M.D.

Address 1801 Guilford Av

Date 12/29 1907

Place of Burial Mount Auburn

Date Dec 31st 1907

Undertaker Albert F. Shilbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 C 7829 Registered No. B C 7829

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2031 Fairmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Fuchs

{ Residence, if in Baltimore, Give Street and Number. } 2031 Fairmount Ave.

Duration of Residence in Baltimore. 39 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 29th 1848

AGE 59 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Schneikert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Fuchs

(Address) 2031 Fairmount Ave

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1907

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to Dec 29 1907

that I last saw h-er alive on 11 " 1907,

and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Balto St

Date Dec 30 1907

Place of Burial Baltimore Cemetery

Date 12/31/07 190

Undertaker John Agnew & Sons

Address 1008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7830 Registered No. B C 7830

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. #120 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Kirkpatrick

{Residence, if in Baltimore, Give Street and Number.} 120 N. Milton Ave

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kirkpatrick

(Address) 120 N. Milton Ave

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to Dec. 27 1907

that I last saw him alive on Dec 27 1907, 11.45 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) Geo. L. Willis M.D.

Address 6 N. Broadway

Date Dec. 28- 1907

Place of Burial Oak Lawn

Date 12/30/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7831 Registered No. B C 7831

CERTIFICATE OF DEATH.

91 V

(Place of Death.) No. 2021 E. Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam H. Roth

{Residence, if in Baltimore, Give Street and Number.} 2021 E. Chase

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 30th 1826

AGE 81 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Roth

(Address) 2021 E. Chase St

Filed 12/30 1907 HARRY O. INDERAUS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 28 1907

that I last saw him alive on Dec 28 1907

and that death occurred, on the date stated above, at 11 30 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis, (Not tuberculous)

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Lindwood M.D.

Address 1811 E Baltimore St

Date Dec 30 1907

Place of Burial Baltimore Md

Date Jan 1st 1908 190

Undertaker J Kerney & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 7832

81 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7832

Registered No. B

City of Baltimore, (No. 525 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Koehler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 29th (Day) 1829 (Year)

AGE: 77 years, 1 months, 1 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Koehler

(Address) 525 W Biddle St

Filed 12/30 1907

HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1907 to Dec 30 1907 that I last saw h im alive on Dec 29th 1907, and that death occurred, on the date stated above, at 1.30 a. m. The CAUSE OF DEATH was as follows:

Arterio-sclerosis and myo-Condito, acute dilatation of heart and pulmonary oedema

(DURATION) 4 DAYS

Contributory Senile arterio-sclerosis, cardiac weakness (DURATION) — DAYS

(Signed) C W Mitchell M. D.

Dec 30 1907 (Address) 1002 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: January 1st 1908

UNDERTAKER: Paul H Sondheim — ADDRESS: 928 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 7833

City of Baltimore, (No. 1905 W. Fayette St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E Howard

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black

DATE OF BIRTH Nov. 13 1824
(Month) (Day) Year)

AGE 83 years, 1 months, 15 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER Nathaniel Thomas

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Susan Riley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Deal

(Address) 1905 W. Fayette St

Filed 12/30 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Dec 28 1907 that I last saw h alive on Dec 28 1907, and that death occurred, on the date stated above, at 8.15 A. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) DAYS

Contributory Carcinoma

(DURATION) DAYS

(Signed) Jos. A. Steele M. D.

Dec 28 1907 (Address) 1907 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Bradshaw Md

DATE OF BURIAL Dec 30 1907

UNDERTAKER Jno B Cook

ADDRESS 1083 Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7834 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 Blucher Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Lenora Bull.

{Residence, if in Baltimore, Give Street and Number.} 705 Blucher Av. Hampden

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb 3 1906

AGE: 1 years 10 months 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Edward Oliver Bull

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Inez G. Brushmiller

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward O. Bull

(Address) 705 Blucher Ave

Filed 12/30 1907

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 28 1907

that I last saw h[illegible] alive on [illegible] Dec 28 1907

and that death occurred, on the date stated above, at 8.40 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Smith M.D.

Address 206-8-1st ave

Date Dec 29 1907

Place of Burial St Marys Hampden

Date Dec 30 1907

Undertaker Wm E. Chenoweth & Son

Address 919 3rd ave. Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7835 Registered No. B C 7835

CERTIFICATE OF DEATH.

(Place of Death.) No. 1207 E Biddle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Ward

{Residence, if in Baltimore, Give Street and Number.} 1207 E Biddle

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 13, 1878

AGE: 29 years, 1 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: M. J. Murphy.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Abigail Kelleher

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Store wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. T. Ward.

(Address) 1207 Biddle St

Filed 12/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from about 1st Dec 1907 to 28th Dec 1907

that I last saw h[illegible] alive on about Dec 26 1907

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 90 DAYS

(Signed) Chas B Reynolds M.D.

Address 809 N Charles St

Date Dec 28 1907

Place of Burial Cathedral

Date Dec 31 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 7836 Registered No. B C 7836

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 N. Monroe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Christian Schall

{Residence, if in Baltimore, Give Street and Number.} 1103 N Monroe.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 22 1845

AGE: 62 years, / months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo Schall

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: /

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie E Schall

(Address) 1103 N Monroe St

Filed 12 30 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from about May 1907 to Dec 28 1907

that I last saw h alive on Dec 28 1907,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmo

Mitis (DURATION) 22 DAYS

(Signed) Rob Reynolds M.D.

Address 89 W Chase St

Date Dec 29th 1907

Place of Burial Lorderdale

Date Dec 31 1907

Undertaker Wm Cook

Address 502 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7837 Registered No. B C 7837

CERTIFICATE OF DEATH.

IV

(Place of Death.) No. Union Protestant Infirmary 1514 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Elizabeth Cable

{Residence, if in Baltimore, Give Street and Number.} 1321 East North Avenue, Baltimore.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Joseph Dudley

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Elizabeth Bonner

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred A. Cable

(Address) 1321 E North Ave

Filed 12/30 1907 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1907 to Dec 29th 1907 that I last saw h.. alive on Dec 29th 1907, and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Perforation of typhoid ulcer of ileum.

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 25 DAYS

(Signed) Peregrine Wood, Jr. M.D.

Address Union Protestant Infirmary

Date December 29th 1907.

Place of Burial Loudon Park Cemetery

Date Dec 31st

Undertaker Wm. Cook

Address 372 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7838

Registered No. B .....

City of Baltimore, (No. 1313, Homewood Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give NAME instead of street and number.]

FULL NAME Elias Grimm Deceased

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: March (Month) ..... 1824 (Day) (Year)	
AGE: 83 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Bavaria	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Grimm

(Address) 1313 Homewood Av

Filed 12/30 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 28 1907

that I last saw h.. alive on Dec 28 1907,

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) L. J. Kirby M. D.

Dec 29 1907 (Address) 110 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Most Holy Redeemer

DATE OF BURIAL: Dec 31 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C 7839 Registered No. B C 7839

CERTIFICATE OF DEATH.

71 V

(Place of Death.) No. 600 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Hudson

{Residence, if in Baltimore, Give Street and Number.} 600 N. Spring St

Duration of Residence in Baltimore. 5 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July 1907

AGE: ____ years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Hudson

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Smith

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hudson

(Address) 600 N. Spring St

Filed 12/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Dec. 28 1907

that I last saw h[illegible] alive on Dec. 28 1907,

and that death occurred, on the date stated above, at ____ M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Francis A. Sauer M.D.

Address 1400 Jefferson

Date Dec 24 1907

Place of Burial Asbury C

Date Dec 30th 1907

Undertaker Wm J. G. Jackson

Address 408 Mitchell Kin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7840 Registered No. B C 7840

CERTIFICATE OF DEATH.

(Place of Death.) No. 1139 S Sharp St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances X Hughes

{Residence, if in Baltimore, Give Street and Number.} 1139 S Sharp St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH March 15 1879

AGE 28 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Edward Hughes

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Catharine Logan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hughes (Father)

(Address) 139 S. Sharp St.

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1907

I HEREBY CERTIFY, That I attended deceased from February, 1906 to December 26 1907 that I last saw h er alive on Dec 26 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

23 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos J O'Donnell M.D.

Address 1340 S Charles St

Date Dec 28 1907

Place of Burial Catholic Cem

Date Dec 31. 1907

Undertaker Daniel and M. J. Flynn

Address 42 E West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 C 7841 Registered No. B C 7841

CERTIFICATE OF DEATH.

63 V

(Place of Death.) No. 1121 N. Stricker St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jas E. Magruder,

{Residence, if in Baltimore, Give Street and Number.} 1121 N. Stricker

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 8 1851

AGE: 56 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Prince George Co

FULL NAME OF FATHER: Louis H Magruder

BIRTHPLACE OF FATHER (State or country): Prince George Co

MAIDEN NAME OF MOTHER: Mary R Sams

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Magruder

(Address) 1121 N Stricker

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 29th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1907 to Dec 29 1907 that I last saw him alive on Dec 28 1907, and that death occurred, on the date stated above, at 5.37 P.M. CAUSE OF DEATH (Secondary or Immediate)

Myelitis
Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. B. Burch M.D.

Address 828 N. Carrollton Ave

Date Dec 29 1907

Place of Burial Mt Olivet Cemetery

Date Dec 31 1907

Undertaker Wilbur W Shriver

Address 1 E Fremont Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7842

Registered No. B .....

City of Baltimore, (No. 767, Park St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy Cornish

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: ..... 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jas. Cornish

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Daisy Keene

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/30 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 27 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Dec 28 1907 (Address) Cor. ....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	Dec 29 1907
UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 C 7843 Registered No. B

CERTIFICATE OF DEATH.

71 V

Place of Death: No. 221 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Coleman

{Residence, if in Baltimore, Give Street and Number.} 221 N Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/30 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. Lamitter M.D.
Coroner

Address .....

Date ..... 190 .....

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 29 1907

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

287

SECTION 1. *Be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

KODAK SAFETY FILM

Ward 5 Registered No. B C 7844

C 7844

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 100 N. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Golden

{ Residence, if in Baltimore, Give Street and Number. } 100 Front st N.

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: White
DATE OF BIRTH	1
AGE: about 45 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Not known
BIRTHPLACE (State or country)	- - - -
FULL NAME OF FATHER	- - - -
BIRTHPLACE OF FATHER (State or country)	- - - -
MAIDEN NAME OF MOTHER	- - - -
BIRTHPLACE OF MOTHER (State or country)	- - - -
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. D. Hayden

(Address) 1216 N. Caroline St

Filed 12/30 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17 to Dec 17 1907

that I last saw him alive on Dec 17 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) - DAYS

Contributory (Primary.) -

(DURATION) - DAYS

(Signed) Benj. D. Hayden M.D.
Coroner

Address 216 N. Caroline St

Date Dec. 26 1907

FOR ANATOMICAL PURPOSES.
JOHNS HOPKINS HOSPITAL
DEC 27 1907
Commissioner Health.
Per Wm. L. WOODALL.

Place of Burial

Date 190

Undertaker

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color** and **place of birth** of the deceased, and the **cause and date of death.**

9 1

Ward ..... C 7845 Registered No. B ..... C 7845

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Hutton

{Residence, if in Baltimore, Give Street and Number.} 1036 Druid Hill Ave

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: 1887

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjamin Hutton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Kirk

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hutton

(Address) 1036 Druid Hill Ave

Filed 12/30 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 2 - 1907 to Dec 28 1907 that I last saw h er alive on Dec 28 1907, and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Pulmonary Tuberculosis.

One year (DURATION) ..... DAYS

Contributory (Primary.) Exposure

— (DURATION) — DAYS

(Signed) Edw. J. Wheatley M.D.

Address 1230 D. Hill Ave.,

Date Dec. 28 1907

Place of Burial Mt Auburn Cem

Date DEC 30th 1907

Undertaker Sam'l H. Chaconas

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7846 Registered No. B C 7846

CERTIFICATE OF DEATH.

(Place of Death.) No. 1836 Lorman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Young

{ Residence, if in Baltimore, Give Street and Number. } 1834 Lorman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	Colored

DATE OF BIRTH 1

AGE 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Addison Young

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Nelson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Per. Addison Young

(Address) 1836 Lorman St

Filed 12/30 1907

HARRY C. ANDREWS. CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Spinal Paralysis

Five mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Allan MacDonnell M.D.

Address 700 Eutaw Av. (Comm)

Date Dec. 24th 1907

Place of Burial Mt. Auburn Cem

Date DEC 30th 1907

Undertaker Saml H. Chastkney

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7847 Registered No. B ..... C 7847

CERTIFICATE OF DEATH. 154

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Zadkerman

{ Residence, if in Baltimore, Give Street and Number. } ..... Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Upholsteress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 12/31 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1907

I HEREBY CERTIFY, That I attended deceased from April 23 1907 to Dec. 26 1907 that I last saw h[illegible] alive on Dec 25 1907 and that death occurred, on the date stated above, at 4[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Dec. 26 1907

Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Date DEC 27 1907 1907

Undertaker Wm H Wooden

Address 1816 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2851

Ward V

C 7848 Registered No. B C 7848

154

CERTIFICATE OF DEATH.

(Place of Death.) No. On lot on Ridgley st below West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William L. A. Holtgräfe

{Residence, if in Baltimore, Give Street and Number.} 716 W. West St

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 15 1845

AGE: 62 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. McMenamen (coroner)

(Address) 716 W. West St

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to 1907

that I last saw ~~him~~ alive on ~~1907~~,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by hanging

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. McReinhardt M.D.

Address Coroner

Date Dec 28 1907

Place of Burial Cedar Hill Cem

Date December 30 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 7849

Registered No. B C 7849

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 627 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William J. Lohmann

{Residence, if in Baltimore, Give Street and Number.} 627 W. Lee st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 5 1840

AGE: 67 years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm H. Lohman

BIRTHPLACE OF FATHER (State or country): Gumany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Gumany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Lohman

(Address) 627 W. Lee st

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 25. 1907 to Dec. 28 1907

that I last saw him alive on Dec. 28 1907

and that death occurred, on the date stated above, at 9 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, Heart failure

(DURATION) 2 DAYS

Con'tributory (Primary.) Hemiplegia

4 weeks (DURATION) DAYS

(Signed) M. Hilsinger M.D.

Address 902 E. Fremont Ave

Date Dec. 30-07 1907

Place of Burial London Park Cem

Date December 31 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 7850

City of Baltimore, (No. 1933, Edmondson Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susanna McGuigan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McGuigan

(Address) 1938 Edmondson ave

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Dec 28 1907 that I last saw h[er] alive on Dec 28 1907, and that death occurred, on the date stated above, at 10 8 ..... M. The CAUSE OF DEATH was as follows:

Hypostasis

Duration ..... DAYS

Contributory Cerebro Arteriosclerosis

Duration 2 yrs ..... DAYS

(Signed) Jno L Foltz M. D.

DEC 30 1907 (Address) N. E. cor. Lafayette & Carrollton Aves.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec 31 1907

UNDERTAKER: Wm J. Tickner & Sons

ADDRESS: 425 N. Bond ave

✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7851 Registered No. B

CERTIFICATE OF DEATH.

71 V

(Place of Death.) No. 905 N. Madiera St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bohumil Dousa

{Residence, if in Baltimore, Give Street and Number.} 905 N. Madiera St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mulatto

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bohumil Dousa

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Marie Durasova

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bohumil Dousa

(Address) 905 N Madiera

Filed 12/30 1907 HARRY C. ARMSTRONG, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Dec 29 1907

that I last saw h[illegible] alive on 1907

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Endocarditis (DURATION) ..... DAYS

(Signed) W. J. Eyerman M.D.

Address 2003 Ashland Ave

Date Dec 29 1907

Place of Burial Cake Hill

Date Dec 30 1907

Undertaker Jerome & M. Leach

Address 1704 Eastlon[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7852 Registered No. B C 7852

CERTIFICATE OF DEATH.

93y

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edythe Carter

{Residence, if in Baltimore, Give Street and Number.} 1317 Druid St

Duration of Residence in Baltimore. 10 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S -

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John H. Carter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alice "

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Butler.

(Address) 1612 Division St

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to Dec 29th 1907

that I last saw her alive on Dec 29th 1907.

and that death occurred, on the date stated above, at 3:40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) W. H. Baker M.D.

Address Balto City Hospital

Date Dec 29th 1907

Place of Burial Mechanicsville Sta Maryland Co

Date December 31st 1907

Undertaker Felix B. Rye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7853 Registered No. B C 7853

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2039 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Snyder

{Residence, if in Baltimore, Give Street and Number.} 2039 Orleans st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 10 1882

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Snyder

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Cora Schriefter

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Snyder

(Address) 2039 Orleans st.

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28- 1907

I HEREBY CERTIFY, That I attended deceased from aug 8 1907 to Dec 28 1907 that I last saw him alive on Dec 28 1907 and that death occurred, on the date stated above, at 7 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmon

(DURATION) 3 mo DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) G. C. Blake M.D.

Address 143 N Bway

Date 1907

Place of Burial Holy Redeemer

Date Dec. 31 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7854 Registered No. B C 7854

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Abraham Alford.

{Residence, if in Baltimore, Give Street and Number.} 837 Rayburg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: B
DATE OF BIRTH: 1	
AGE: 35 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Lab.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Dec 25 1907 that I last saw h in alive on Dec 25 1907, and that death occurred, on the date stated above, at 3 4 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Con'tributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Balto City Hospital

Date Dec 26 1907

Place of Burial JOHNS HOPKINS HOSPIT...

Date DEC 28 1907 190...

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

284

Ward 8

C 7855 Registered No. B C 7855

CERTIFICATE OF DEATH.

(Place of Death.) No. 1641 E North ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth John

{ Residence, if in Baltimore, Give Street and Number. } 1641 E North ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 30th 1859

AGE: 48 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nicholas Kress

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Reuter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustave John

(Address) 1641 E North ave

Filed 12/30 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 28 1907

that I last saw h[illegible] alive on Dec 28 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Brights

five years (DURATION) DAYS

(Signed) Wilbur P Morgan M.D.

Address 315 N. Monument St

Date Dec 28. 1907

Place of Burial Baltimore Cemetery

Date December 31st 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 7856 Registered No. B C 7856

CERTIFICATE OF DEATH.

1061

(Place of Death.) No. 611 N. Central av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Saml. E. Bordley

{Residence, if in Baltimore, Give Street and Number.} 611 N. Central av.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Manervey Thompson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Florence Bordley

(Address) 611 N Central Ave

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 25 1907

I HEREBY CERTIFY, That I attended deceased from about a month 1907 to Dec. 27 1907 that I last saw him alive on Dec. 27 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Intestinal inflammation

about 2 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Shemwell M.D.

Address 2226 Madison av.

Date Dec. 25, 1907

Place of Burial Laurel

Date Dec 30th 1907

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 4 — C 7857 — Registered No. B C 7857

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emilia Kazlauskaine

{Residence, if in Baltimore, Give Street and Number.} Balt City Hospital (Immigrant)

Duration of Residence in Baltimore. 13 days

PERSONAL AND STATISTICAL PARTICULARS

SEX F. — COLOR W

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 12/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Dec 24 1907

that I last saw h[illegible] alive on Dec 24 1907

and that death occurred, on the date stated above, at 6 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H Wood M.D.

Address Balt City Hosp

Date Dec 30 1907

Place of Burial Ist Evangelical Cemetery

Date Dec. 30th 1907

Undertaker H Sanders & Sons

Address 1708-1710 Canton Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 4 C 7858 Registered No. B C 7858

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 E. Franklin St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes J Sullivan

{ Residence, if in Baltimore, Give Street and Number. } 107 E. Franklin St

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Sullivan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cadogan

(Address) 696 W Mulberry St

Filed 12/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Dec 1907 that I last saw h alive on Dec 26 1907, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Dec 29 1907

Place of Burial Balto. Cem.

Date Dec 31 1907

Undertaker M Cadogan

Address 696 W. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 7859

Registered No. B

City of Baltimore, (No. 2034 W Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Skidmore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) (Day) 1823 (Year)

AGE: 84 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Pa —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Dec 29 1907

that I last saw him alive on Dec 28 1907,

and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 2 DAYS

Contributory Cardiac Sclerosis

(DURATION) 1 DAYS

(Signed) Howard Kahn M. D.

12/30 1907 (Address) 2027 W Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Dec 31 1907

UNDERTAKER: C. F. McCormick — ADDRESS: 1722 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married ... ...rle) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 7860

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH.

Registered No. B C 7860

City of Baltimore, (No. 908 Sterling St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Stafford

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C

DATE OF BIRTH ... (Month) 7/5yrs. (Day) 1 Year)

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Eastern Shore Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Price

(Address) 710 Sterling

Filed 12/31 1907

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec 28 1907 that I last saw h... alive on Dec 26 1907, and that death occurred, on the date stated above, at 3:05 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) ... DAYS

Contributory C. L. Lesp

(DURATION) ... DAYS

(Signed) C. L. Lesp M. D.

Dec 29 1907 (Address) 733 Lemmon

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL Laurel Cem. | DATE OF BURIAL Dec 31 1907

UNDERTAKER W. J. Johnson | ADDRESS 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Ward V C 7861 Registered No. B C 7861

921

CERTIFICATE OF DEATH.

(Place of Death.) No. 1921 Alicia an St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Arbinska

{Residence, if in Baltimore, Give Street and Number.} 1921 Alicia an

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR W

DATE OF BIRTH 1

AGE years, 2 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Frank Arbinska

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Laura Arbinska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Arbinski.

(Address) 1921 Alicia an St

Filed 12/30 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Dec 30 1907, that I last saw her alive on Dec 28 1907 and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Pentum M.D.

Address 16 E Biddle

Date Dec 30 1907

Place of Burial Holy Rosary.

Date Dec 31 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 7862

Registered No. B C 7862

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Josephine Lobetzki

{Residence, if in Baltimore, Give Street and Number.} 723 S. Broadway.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1907 to Dec 30 1907

that I last saw h alive on Dec. 30 1907

and that death occurred, on the date stated above, at 2.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia —

(DURATION) DAYS

Contributory (Primary.) alcoholism

Nephritis. (DURATION) DAYS

(Signed) Robt E. Bay M.D.

Address Bay View

Date Dec. 30 1907

Place of Burial St Stanislaus

Date Jan 1 - 08

Undertaker M F Sadowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 79 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1923 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Schaefer

{Residence, if in Baltimore, Give Street and Number.} 1923 Bank st

Duration of Residence in Baltimore. life time C 7863

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, ____ months, ____ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacob Schaefer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Schaefer Jr.

(Address) 1923 Bank. St

Filed 12/30 1907

HARRY C. ARKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 26th 1907 to Dec 29th 1907 that I last saw her alive on Dec 28th 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

3 Months (DURATION) DAYS

Contributory (Primary.) Prostration (DURATION) 14 DAYS

(Signed) Chas L. Bucklenbocker M.D.

Address 918 S. Paca st

Date Dec 30th 1907

Place of Burial Holy Redeemer Cem

Date Jan 9 1908

Undertaker Wendell & Apel & Son

Address 3305 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7864

City of Baltimore, (No. 1 Beidler-Sellman Sanst.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Pulstocker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 18 1872 (Month) (Day) (Year)

AGE: 35 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Paper Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marguerite Pulstocker

(Address) 226 Frederick ave.

Filed 12/30 1907 HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 12/19 1907 to 12/29 1907 that I last saw h[illegible] alive on 12/29 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Mastoiditis

(DURATION) DAYS

Contributory Operation for same

(DURATION) DAYS

(Signed) George W. Dehl M. D.

12/29 1907 (Address) 2203 N. Chas. St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 226 Frederick Ave

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jany 1 1907

UNDERTAKER: Mrs Geo. P. Pardue

ADDRESS: 2101 Frederick ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 7865 Registered No. B C 7865

CERTIFICATE OF DEATH.

15K

(Place of Death.) No. 1202 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thu Edward Wise

{Residence, if in Baltimore, Give Street and Number.} 1202 S. Chas St.

Duration of Residence in Baltimore. 5 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W

DATE OF BIRTH Dec 13 1907

AGE ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John. J. Wise.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Barbara. Wahl

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father. John J. Wise

(Address) 1202 S Chas.

Filed 12/30 1907

HARRY O. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13th 1907 to Dec 30th 1907 that I last saw h alive on Dec 29th 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) DAYS

Contributory (Primary.) Congenital debility.

(DURATION) DAYS

(Signed) E. C. Schluman M.D.

Address 419 E Lagrange St

Date Dec 30 1907

Place of Burial Western Cem

Date Dec 31st 1907

Undertaker E Schluman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7865 Registered No. B C 7866

5 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank H Shiver

{Residence, if in Baltimore, Give Street and Number.} Columbia S C.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) S. C.

FULL NAME OF FATHER Robert Shiver

BIRTHPLACE OF FATHER (State or country) S. C.

MAIDEN NAME OF MOTHER Ann Bouknight

BIRTHPLACE OF MOTHER (State or country) S. C.

OCCUPATION OF DECEASED Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr E Gonzales

(Address) Columbia S. C

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 30 1907

that I last saw him alive on Dec 30 1907,

and that death occurred, on the date stated above, at 11 20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exophthalmic goitre

(DURATION) DAYS

Contributory (Primary.)

(DURATION)

(Signed) P. V. Clough

Address Johns Hopkins Hosp

Date 12/30-1907

Place of Burial Columbia S. C.

Date Dec 30. 1907 1907

Undertaker Albert E Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. B C 7867

CERTIFICATE OF DEATH.

(Place of Death.) No. 100 N. Front St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name J. Frank McCann

{Residence, if in Baltimore, Give Street and Number.} 100 N. Front St.

Duration of Residence in Baltimore. about 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Havre de Grace Md

FULL NAME OF FATHER: Chas McCann

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McFeeley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McCabe

(Address) 2126 St Paul

Filed 12/31 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec 28 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate) Alcoholism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. D. Hanford M.D.

Address 216 N Carey Coroner

Date Dec. 31 1907

Place of Burial Havre de Grace Md

Date Dec. 31 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7868

City of Baltimore, (No. 1942 Mc Henry St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Henry Hitchcock

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 29 (Day) 1907 (Year)

AGE: ..... years, ... months, 10 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 1942 Mc Henry St

FULL NAME OF FATHER: Wm J. Hitchcock

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Laura V. Vickers

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Hitchcock

(Address) 1942 Mc Henry St

Filed 12/31 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1907 to Dec 30th 1907

that I last saw h~~im~~ alive on Dec 29th 1907,

and that death occurred, on the date stated above, at 1 a. M. The CAUSE OF DEATH was as follows:

Congenital Debility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Ernest L. Mathews M. D.

Dec 30 1907 (Address) 125 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Dec 31 1907

UNDERTAKER: A S Finch — ADDRESS: 2113 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 7869 Registered No. B C 7869

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 809 N. Chapel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Stoltzman

{Residence, if in Baltimore, Give Street and Number.} 809 N Chapel St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Stoltzman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Stoltzman

(Address) 809 N Chapel

Filed 12/31 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to December 31st 1907 that I last saw him alive on Dec. 29th 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Sudden Heart Failure

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) 6 months DAYS

(Signed) Charles H. A. Meyer M.D.

Address 1031 N. Caroline St

Date December 30th 1907

Place of Burial Baltimore Cem

Date January 1" 1908

Undertaker Frank Evans

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7870 Registered No. B 191

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ..... Maria Jones

{ Residence, if in Baltimore, Give Street and Number. } ..... 515 Hargrave alley

Duration of Residence in Baltimore. ..... ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Josephine Grimage

(Address) 515 - Hargrove alley

Filed 12/31 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1907 to Dec 30 1907

that I last saw h[illegible] alive on Dec 30 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis -
aorta insufficiency

..... (DURATION) ..... DAYS

Contributory (Primary.) aneurism of the aorta

..... (DURATION) ..... DAYS

(Signed) P. W. Edwards M.D.

Address Johns Hopkins Hosp

Date Dec 30 1907

Place of Burial Lawn

Date Jan 1 1908

Undertaker R. A. Elliott

Address 1506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7871 Registered No. B C 7871

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 226 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno Jos. Wallace

{ Residence, if in Baltimore, Give Street and Number. } 226 W Lee St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE ~~years~~ 18 months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James E Wallace

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Bedford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Wallace

(Address) 226 W Lee St

Filed 12/31/1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 29 1907

that I last saw h alive on Dec 28 1907

and that death occurred, on the date stated above, at 12 4 M. CAUSE OF DEATH (Secondary or Immediate)

General Weakness

(DURATION) 3 DAYS

Contributory (Primary) Mucus Mus

(DURATION) 6 mo DAYS

(Signed) Harry Byrd M.D.

Address 452 Columbia

Date Dec 31 1907

Place of Burial Laurel cemetery

Date Dec 31 1907

Undertaker Calvin C. Jordan

Address 1142 W Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 7872 Registered No. B

CERTIFICATE OF DEATH.

5 V

(Place of Death.) No. 2213 N. Charles St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name N. D'Arcy Duvall

{Residence, if in Baltimore, Give Street and Number.} 2213 N. Charles St.

Duration of Residence in Baltimore. all his life C 7872

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 19 1887

AGE: 20 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Algernon S. Duvall

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Amelia M. von Kapff

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Algernon S. Duvall

(Address) 2213 N. Charles St.

Filed 12/31 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1907 to Dec 29 1907 that I last saw h[im] alive on Dec 29th 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes

12 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H A Pearce M.D.

Address 2105 N. Charles St

Date Dec 30th 1907

Place of Burial Mt Vernon

Date Dec 31st 1907

Undertaker Henderson Bros Co

Address 230 W Madison St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C 7873 Registered No. B ..... V 50

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary, 1519 Druid St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Henry Lantz

{ Residence, if in Baltimore, Give Street and Number. } 512 Center Place, Baltimore, Md.

Duration of Residence in Baltimore. 26 years C 7873

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 1st 1849

AGE: 58 years, 5 months, 29 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Lantz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Arenus

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert A Lehr

(Address) 5 N. Herman St

Filed 12/31 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 29 1907 that I last saw h.im alive on Dec 29 1907, and that death occurred, on the date stated above, at 11:20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Diabetes Mellitus

Arteriosclerosis (DURATION) DAYS

(Signed) Peregrine Wroth, Jr., M.D.

Address Union Protestant Infirmary.

Date Dec. 29th 1907.

Place of Burial Gr E Environment

Date Dec 31st 1907.

Undertaker H. W. Jenkins & Sons Co

Address 300 N. Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7874 Registered No. B 714

CERTIFICATE OF DEATH.

(Place of Death.) No. 6n. Union St. & Pean al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ulysses S. Airey

{ Residence, if in Baltimore, Give Street and Number. } 6n. Union St. & Pean alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 30th 1907

AGE: about 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Hiram Airey

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Stirling

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Airey

(Address) 548 Union St.

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 30th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. Av. (Comm.)

Date Dec. 30th 1907

Place of Burial London Park Cem.

Date Dec 31st 1907

Undertaker Geo. P. Benz

Address 594 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7875

City of Baltimore, (No. 2200, St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Hayden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 9 (Day) 1877 (Year)

AGE: 30 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Kansas

FULL NAME OF FATHER: Jacob Streib

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Heintz

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Streib

(Address) 2300 Mt Henry St

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to Dec 30 1907 that I last saw h[er] alive on Dec 28th 1907, and that death occurred, on the date stated above, at 3 a.m. The CAUSE OF DEATH was as follows:

Consumption
Laryngeal & Pulmonary
Tuberculosis

1 year (DURATION) DAYS

Contributory Asthenia

(DURATION) 30 DAYS

(Signed) Joseph Glucken M. D.

Dec 30 1907 (Address) 910 16 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 1 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 7876 Registered No. B C-7876 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 898 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Casper Shnitkman

{Residence, if in Baltimore, Give Street and Number.} 898 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 17. 1842

AGE 65 years, 11 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Herman H. Schlitkman

BIRTHPLACE OF FATHER (State or country) Hanover Germany

MAIDEN NAME OF MOTHER Mary Rost

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Shnitkman

(Address) 898 W Lombard St

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Dec 28th 1907 that I last saw him alive on Dec 28th 1907, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro Pneumonia
& abdominal Tumor

Pleuro-Pneumonia (DURATION) 8 DAYS

Contributory (Primary.) abdominal Tumor six months (DURATION) — DAYS

(Signed) John Appel M.D.

Address 701 N Monroe Ave

Date Dec 29th 1907

Place of Burial Loudon Park Cem

Date December 31 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C 7877

Registered No. B.....

City of Baltimore, (No. 903, Mc Henry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles A. Seybert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. – 1833 (Month) (Day) (Year)

AGE: 84 years, 11 months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Philada, Pa.

FULL NAME OF FATHER: Chas. A. Seybert

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Eliza Hark

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Pattern Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rachel Seybert

(Address) 903 Mc Henry St.

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 29th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1907 to Dec 29th 1907

that I last saw him alive on Dec 29th 1907,

and that death occurred, on the date stated above, at 7-30 P. M. The CAUSE OF DEATH was as follows:

Grippe

(DURATION) 3 Wks

Contributory old age

(DURATION) – DAYS

(Signed) H. W. Wabner M. D.

Dec 30 1907 (Address) 723 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 1 1908

UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Lombard

Was attended previously by another Physician H. W. W

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 1876

CERTIFICATE OF DEATH.

(Place of Death.) No. 780 W Hamburg St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Knickman

{Residence, if in Baltimore, Give Street and Number.} 780 W Hamburg St

Duration of Residence in Baltimore. 60 Yrs

C 7878

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Feb 14th 1840

AGE: 68 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry H. Wolf

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Emma Wolf

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Knickman

(Address) 780 Hamburg St

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1907 to Dec 28th 1907

that I last saw h.. alive on Dec 28th 1907

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate.)

Complications

Heart & Liver

(DURATION) 90 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H Ellis M.D.

Address 853 Columbia Ave

Date Dec 28th 1907

Place of Burial Loudon Park

Date Dec 31 1907

Undertaker W. J. Tickner & Son

Address Bamden & Paca

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7879

City of Baltimore, (No. 332 N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise Lena Steiner

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 21 1853 (Month) (Day) (Year)
AGE	54 years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Hamilton Va
FULL NAME OF FATHER	Wm N. Rust
BIRTHPLACE OF FATHER (State or country)	Hamilton Va
MAIDEN NAME OF MOTHER	Louise Kephart
BIRTHPLACE OF MOTHER (State or country)	Frederick, Md
OCCUPATION OF DECEASED	Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira F. Steiner

(Address) 932 N. Calhoun

Filed 12/31/1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 30 1907

that I last saw h.. alive on Dec 29 1907,

and that death occurred, on the date stated above, at 4 M. The CAUSE OF DEATH was as follows:

La Grippe

(DURATION) 6 DAYS

Contributory Congestion of Lungs (DURATION) 2 DAYS

(Signed) Jos. H. Burtness M. D.

Dec 30 1907 (Address) 2200 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	Frederick Md
DATE OF BURIAL	Dec 31 1907
UNDERTAKER	Geo J Smith Co
ADDRESS	1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 7880 Registered No. B C 7880 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ludwig H. Nonnenberg

{ Residence, if in Baltimore, Give Street and Number. } Locust Point

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Dec 27 1907

that I last saw him alive on Dec 27 1907 and that death occurred, on the date stated above, at 3 45 a m.

I. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) — DAYS

(Signed) W W Baker, M.D.

Address Balto City Hospital

Date Dec 28th 1907

Place of Burial JOHNS HOPKINS HOSPITAL DEC 30 1907

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

288

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7881

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Clinton Johnson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

C 7881

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 23 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing-	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: -	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1907 to Dec. 28 1907 that I last saw him alive on Dec. 28 1907 and that death occurred, on the date stated above, at 9 35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) .....

Contributory (Primary) Septicemia

..... (DURATION) .....

(Signed) Robt P. Bay M.D.

Address Bay View

Date Dec. 28 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 30 1907

Undertaker William H Woodey

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES

289.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7882 Registered No. B C 7882

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No 815 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Thompson

{Residence, if in Baltimore, Give Street and Number.} 815 Greenmount

Duration of Residence in Baltimore. 2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Thomas E Thompson

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arch. Thompson

(Address) 815 Greenmount Ave

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1045a

...M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carman M.D.

Address Coroners Office

Date Dec 30-07 190

Place of Burial St. Mary's Hampden

Date January 1st 190 7

Undertaker Wickard

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7883

City of Baltimore, (No. 744 Iceland St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nellie Lamble

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Bl.

DATE OF BIRTH: March (Month) ✓ (Day) 1906 (Year)

AGE: ✓ years, 9 months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Daniel Lamble.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Gibbons

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Lamble.

(Address) 744 Iceland St.

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Dec 30 1907 that I last saw h[illegible] alive on Dec 29 1907, and that death occurred, on the date stated above, at 6.30 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Marasmus.

(DURATION) DAYS

(Signed) 93 F. Trench. M. D.

Dec 30 1907 (Address) 1514 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 1 1908

UNDERTAKER: Geo H Hooper

ADDRESS: 609 Little Pan

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 302 South Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philipp Kinling.

{ Residence, if in Baltimore, Give Street and Number. } No. 302 South Eden Ste

Duration of Residence in Baltimore Twenty two years.

C 7884

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 21 1841

AGE 67 years, months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Peter Kinling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Kinling

(Address) 302 S. Eden St

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decbr. 28th 1907.

I HEREBY CERTIFY, That I attended deceased from Decbr 24th 1907 to Decbr. 28th 1907

that I last saw h[illegible] alive on Decbr 28th 1907

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) two DAYS

Contributory (Primary.) Apoplexy

(DURATION) four DAYS

(Signed) Fredk. A. Konradi, M.D.

Address No. 2221 E. Baltimore St.

Date Decbr. 29th 1907.

Place of Burial Baltimore Cemetery

Date Dec. 31st 1907

Undertaker H. Gundry & Sons.

Address 1710 Canton Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C 7885 Registered No. B C 7885

CERTIFICATE OF DEATH.

(Place of Death.) No. 2124 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine F. E. Poetter

{Residence, if in Baltimore, Give Street and Number.} 2124 Eastern Ave

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 31 1841

AGE 66 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Rudolph Brockman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER C. Timper

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Philip Poetter

(Address) Eastern & Collington Ave

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29, 1907

I HEREBY CERTIFY, That I attended deceased from Dec — 1906 to Dec 28 1907 that I last saw her alive on Dec 28 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis attended her off and on for the last year —

(no Tubercle Bacilli) (DURATION) ... DAYS

Contributory (Primary.) formd Cerebral Hemorrhage (DURATION) ... DAYS

(Signed) Chas H. Dubert, M.D.

Address 1100 W. Lafayette Ave

Date Dec 29 1907

Place of Burial St. Pauls Cem

Date Jany 1908

Undertaker L. Landecker

Address 1710 Pauls Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7886 Registered No. B ..... C 7886 V

137

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 S. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Oesterlein

{Residence, if in Baltimore, Give Street and Number.} 626 S. Port St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 27 1869

AGE 38 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Martin Haas

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Caroline Krug

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Oesterlein

(Address) 626 S. Port St

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1907.

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Dec 28 1907 that I last saw her alive on Dec 28 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Septic Peritonitis

following Miscarriage at about 3 Mo. Month (DURATION) 14 DAYS

(Signed) Geo. L. Peter M.D.

Address 611 N. Broadway

Date Dec 30 1907

Place of Burial Locust Lawn Cem

Date Jan 2 1908

Undertaker H. Sanderson

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Dr. Sent

Ward 19 C 7887 Registered No. B

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 267 Hickory Ave Hawkden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary V. Byrd

{Residence, if in Baltimore, Give Street and Number.} 267 Hickory Ave

Duration of Residence in Baltimore.

C 7887

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 20th 1862

AGE 25 years, 6 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Carroll Co. Md

FULL NAME OF FATHER David Jones

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md

MAIDEN NAME OF MOTHER Anna Lockner

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest M. Byrd

(Address) 1228 Oxford St Phila

Filed 12/31 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1907 to Dec 30th 1907 that I last saw her alive on Dec 29th 1907 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 18 hours. DAYS

Contributory (Primary.) Diabetes mellitus (DURATION) 6 mos. DAYS

(Signed) Geo. I. Shower M.D.

Address 431 Roland Ave

Date Dec. 30th 1907

Place of Burial St Marys Hampden

Date January 1908

Undertaker Wm E C Lenowell & Son

Address 9193rd Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 7888

City of Baltimore, (No. 2655, Frances St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Vinci

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. (Month) 25 (Day) 1898 (Year)

AGE: 9 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Petro Vinci

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Concertina Bocato

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Petro Vinci

(Address) 2655 Frances St.

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 31st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1907 to Dec. 31 1907

that I last saw her alive on Dec. 30 1907,

and that death occurred, on the date stated above, at 12 45 a. m. The CAUSE OF DEATH was as follows:

La Grippe, following Membranous Croup. & Intubation,

(DURATION) 7 DAYS

Contributory Capillary Bronchitis

(DURATION) 5 DAYS

(Signed) E. A. Smith M. D.

Dec 31st 1907 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 1st 1908

UNDERTAKER: E M Mitchell — ADDRESS: 1201 N. Fayette St

9½ a. m.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 7889 Registered No. B C 7889

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno. T. McBee

{ Residence, if in Baltimore, Give Street and Number. } 105 Bloomberry St.

Duration of Residence in Baltimore. 38 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. Into

DATE OF BIRTH: ~~Dec~~ 1869 1

AGE: 38 years, 8 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland Md Bee

FULL NAME OF FATHER: Wm. H. McBee

BIRTHPLACE OF FATHER (State or country): Ellicot City Maryland

MAIDEN NAME OF MOTHER: Sarah Berry

BIRTHPLACE OF MOTHER (State or country): Ellicot City Maryland

OCCUPATION OF DECEASED: Father - B. O. R. R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Osborn McBee

(Address) 105 Bloomberry St

Filed 12/31 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 28 1907

that I last saw h... alive on Dec 28 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia

(DURATION) DAYS

Contributory (Primary.) Empyema of Thorax (DURATION) 6 Weeks

(Signed) Scott O'Fluery M.D.

Address St. Josephs Hosp.

Date Dec 28 1907

Place of Burial Loudon Pk. Cem.

Date Dec, 31 1907

Undertaker J. J. Faherty Jr & Sr Hillsdale

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 7890

City of Baltimore, (No. 1332, Woodyear St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Eagan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 15 1907 (Month) (Day) (Year)

AGE: — years, 2 months, 15 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Infant

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Martin Eagan

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lana M. League

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Eagan

(Address) 1332 N Woodyear St

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 30 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 29 1907

that I last saw h in alive on Dec 29 1907

and that death occurred, on the date stated above, at 8.35 A M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 20 DAYS

Contributory Diarrhea and Enteritis (DURATION) 10 DAYS

(Signed) William Johnson M. D.

Dec 31 1907 (Address) 1701 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross - Cem	Dec - 31 1907
UNDERTAKER	ADDRESS
Wm M. Gaughran	North Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 7891 Registered No. B C 7891

45 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harrison Pearce

{Residence, if in Baltimore, Give Street and Number.} Fork. Md -

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov- 21- 1840

AGE 67 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co Md-

FULL NAME OF FATHER Geo Pearce

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Sophia Pearce

BIRTHPLACE OF MOTHER (State or country) Balto Co Md-

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Pearce-

(Address) Baldwin Md-

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1907 to Dec. 28 1907

that I last saw him alive on Dec 28 1907

and that death occurred, on the date stated above, at 11-

P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from bladder.

(DURATION) DAYS

Contributory (Primary) Carcinoma

bladder (DURATION) 2 Yr

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Dec. 30 1907

Place of Burial Baldwin - Balto Co Md

Date Dec- 31st 1907

Undertaker Wm M Gaultney

Address Notts Landing Md-

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

914

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7892

City of Baltimore, (No. 122 S. Bond St. St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Small

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Small

(Address) 122 S. Bond St

Filed 12/31 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31st 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 7th 1907 to Dec. 31st 1907

that I last saw her alive on Dec. 24th 1907,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Asthma & Bronchitis

about 3 DAYS
(DURATION)

Contributory old age

(DURATION) DAYS

(Signed) A. F. Ries M. D.

Dec. 31st 1907 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	Jany 1st 1908
UNDERTAKER	**ADDRESS**
Arndt Sondheim	423 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

Ward 1 C 7893 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 602 N. Port St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac W. Sisler

{Residence, if in Baltimore, Give Street and Number.} 602 N. Port St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles R. Forbes

(Address) 1722 E Eager St

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to 190

that I last saw h alive on ~~Dec~~ 190,

and that death occurred, on the date stated above, at 2.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jacob Carter M.D.

Address Corner Mapp

Date Dec 30 1907

Place of Burial M. E. Cemetery

Date Dec 31st 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City of Balt
[If death occur
USUAL RE
give facts call
"Special Info

PERSON

SEX

DATE OF BIRT

AGE 64

SINGLE, MARR
WIDOWED, OR

BIRTHPLACE
(State or country

FULL NAME
OF FATHER

BIRTHPLACE
OF FATHER
(State or country

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER
(State or country

OCCUPATION
OF DECEASED

THE ABOVE STA
BEST OF MY K

(Informant)

(Address)

Filed 12/31 190

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7894

Registered No. B .....

City of Baltimore, (No. 1033 S. Howard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Shadrach Dobson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dorchester co md

FULL NAME OF FATHER: Charles. Dobson

BIRTHPLACE OF FATHER (State or country): Dorchester co. md

MAIDEN NAME OF MOTHER: Mary Stafford

BIRTHPLACE OF MOTHER (State or country): Dorchester co md

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Dobson

(Address) 1633 S Howard st

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 — 28 — 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 12-24 1907 to 12-28- 1907 that I last saw him alive on 12-28- 1907, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Pleuro-Pneumonia

(DURATION) 5 DAYS

Contributory Acute-Nephritis

(DURATION) 2 DAYS

(Signed) L. D. Dyer M. D.

12-28- 1907 (Address) 1113 Argyle ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Md	Jan 1st 1908
UNDERTAKER	ADDRESS
F. L. Brown's Son	108 W. Monty

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7895 Registered No. B C 7895

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 196 Sycamore Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Marsden

{Residence, if in Baltimore, Give Street and Number.} 196 Sycamore Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 22 1874

AGE 33 years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER James E Marsden.

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Susan R Fowler

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Marsden

(Address) 196 Sycamore

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Dec 30 1907

that I last saw h[illegible] alive on Dec 29 1907.

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D W Smith M.D.

Address 206-8th av

Date Dec 30 1907

Place of Burial Loudon Park

Date Jan 1 1908

Undertaker A J Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7896 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 932 N Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Shea

{Residence, if in Baltimore, Give Street and Number.} 932 N Exeter St

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 22 years, mont's, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Shea

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Lanton

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Lanton

(Address) 932 N Exeter St

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Dec 30th 1907

that I last saw him alive on Dec 28th 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

et Asthenia.

(DURATION) 6 months

Contributory (Primary.) Exposure

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 658 W Franklin St

Date Dec 31st 1907

Place of Burial Cathedral Cem.

Date Jan 2 1908

Undertaker John J Conway

Address 901 Wallace St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C 7897 Registered No. B C 7897

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 12 E. York St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Dougherty

{Residence, if in Baltimore, Give Street and Number.} 12 E. York St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1842

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Roger Dougherty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Dougherty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Kane

(Address) 12 E York steet

Filed 12/31 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to Dec 30 1907

that I last saw h[illegible] alive on Dec 29 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) 8 DAYS

(Signed) W. L. Smith M.D.

Address 528 Hanover St

Date Dec 31 1907

Place of Burial St Petrs Cem

Date January 2 1908

Undertaker M. Doyle and Son

Address 17 E. Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7898 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 811 N. Shuter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victor Skinek (Shunek)

{Residence, if in Baltimore, Give Street and Number.} 811 N. Shuter

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Skinek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Bricklayer Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph V. Skinek

(Address) 839 N Patterson Pk

Filed 12/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 28 1907 to Dec. 30 1907

that I last saw him alive on Dec. 30 1907

and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Acute cardiac dilatation (DURATION) 1 DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson PK

Date December 31, 1907.

Place of Burial Oak Hill

Date Jan 2 1908

Undertaker Jerome & M. Enoch

Address 1904 Oakland Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th. C 7899 Registered No. B

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 305 S Pollecton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Hogan

{ Residence, if in Baltimore, Give Street and Number. } 305 S. Pollecton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W White

DATE OF BIRTH Nov. 1841

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Dennis Hogan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Hand

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED R.R. Messenger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Hogan

(Address) 305 S Pollecton St.

Filed 12/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Jan~~ Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1901 to Dec 30 1907

that I last saw him alive on Dec 30 1907

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

old age

6 months (DURATION) DAYS

Con'ributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) J. E. Jones M.D.

Address 355 Columbia Ave

Date Dec 30 1907

Place of Burial St. Peters Cem

Date Jan. 1 08

Undertaker Jno. A. Ingram

Address Banf & Aisle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7500 Registered No. B C 7500

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 E. Lehmann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 19

Full Name Mathias Greveldinger

{Residence, if in Baltimore, Give Street and Number.} 819 E Lehmann

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Greveldinger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 12/31/ 1907

HENRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 - 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease
(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carullo M.D.

Address Coroners Med

Date Dec 30 - 07 1907

Place of Burial Holy Redeemer

Date Jan 2 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B

CERTIFICATE OF DEATH. 174

(Place of Death.) No. 1129 E. Lexington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Sandie Pierman

{Residence, if in Baltimore, Give Street and Number.} 1129 E. Lexington St

Duration of Residence in Baltimore. 8 years C7901

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jackob Pierman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Goldie Bronstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Harapin

(Address) 1129 E Lexington St

Filed 1/1st 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to — 1907

that I last saw h— alive on — 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gas asphyxia (Accident)

(DURATION) —

Contributory (Primary.) —

(DURATION) —

(Signed) Benj. L. Harapin Coroner

Address 1216 N. Carolina St

Date Dec 31, 1907

Place of Burial Hebrew Rosedale Cem

Date January 1, 1908

Undertaker Max Levinson

Address 1620 N. Eldersley St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7902

Registered No. B.....

City of Baltimore, (No. 114 ½ Wilcomme Ave St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Fredrick Locke.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 1 years, 3 months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Gilbert Locke

BIRTHPLACE OF FATHER (State or country) Calvert Co

MAIDEN NAME OF MOTHER Florence Janey

BIRTHPLACE OF MOTHER (State or country) Calvert Co

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gilbert Locke

(Address) 114 Wilcomme Ave

Filed 1/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Dec 30 1907

that I last saw h.. alive on Dec 27 1907

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 10 DAYS

Contributory Influenza

(DURATION) 2 months

(Signed) Wm. C. McDonald M. D.

Dec 30 1907 (Address) 1305 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn Cat | DATE OF BURIAL Jan 1 1908

UNDERTAKER John A. Ford | ADDRESS 912 Gilmor

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 7903 Registered No. B C 7903

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Somerset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Simmenkempfer

{Residence, if in Baltimore, Give Street and Number.} 1009 Somerset.

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 74 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John H Simmenkempfer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mrs. Ahrend

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lang

(Address) 1009 Somerset St.

Filed 1/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 30th 1907 to Dec 28th 1907

that I last saw her alive on Dec 28th 1907,

and that death occurred, on the date stated above, at 12 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) L. Fr. C. Parker M.D.

Address 1051 Aisquith

Date Dec 31st 1907

Place of Burial Holy Redeemer

Date Jan 2 1908

Undertaker Henry Hauck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

Registered No. B C 7904

City of Baltimore, (No. 1032 E. Monument St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dalen Goldberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 15th (Day) 1907 (Year)

AGE: — years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Hyman Goldberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rebecca Cantor

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hyman Goldberg

(Address) 1032 E. Monument St.

Filed 1/1 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 31st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1907 to Dec 31st 1907

that I last saw her alive on Dec 31st 1907

and that death occurred, on the date stated above, at 12.10 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) John D. Huck M. D.

Dec 31 1907 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Hebrew Cemetery — DATE OF BURIAL: Jan 1 1908

UNDERTAKER: Thensle — ADDRESS: 75 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

66

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7905

City of Baltimore, (No. 20 S. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Fernheimer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb (Month) 4th (Day) 1832 (Year)

AGE: 75 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob New

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Dannenberg

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Dannenberg

(Address) 1830 McCulloh St.

Filed 1/1 1908

HARRY C. ANDREAS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 30 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Dec 30 1907 that I last saw h alive on Dec 29 1907, and that death occurred, on the date stated above, at 8 A M. The CAUSE OF DEATH was as follows:

Hemiplegia 1
Arteriosclerosis

(DURATION) DAYS

Contributory Apoplexy (DURATION) DAYS

(Signed) E W Ewan M. D.

12 31 1907 (Address) 1908 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 1 1908

UNDERTAKER: J Thos Lo

ADDRESS: 754 Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 7908 Registered No. B

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 411 Lewis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Moodys Patterson

{Residence, if in Baltimore, Give Street and Number.} 411 Lewis St.

Duration of Residence in Baltimore. Life

C 7908

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 33 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Daniel Patterson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Mathews

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sahara Mathews

(Address) 411 Lewis st

Filed 1/1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 ..... ,

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Joseph Carmine M.D.
Coroner

Address .....

Date Dec 31-07 1907

Place of Burial Laurel Cemetery

Date Jan 1 1907

Undertaker A. H. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7906

Registered No. B .....

City of Baltimore, (No. 324 S. Milton St., St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Burns Hartge

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 29th (Month) (Day) 1907 (Year)

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Gilbert F Hartge

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Florence L Burns

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gilbert F Hartge

(Address) 926 S. Milton Ave

Filed 1/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 31st (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1907 to Dec. 31st 1907 that I last saw him alive on Dec. 30th 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Failure of heart & respiration
Lack of Development

(DURATION) ..... DAYS

Contributory Premature birth
b'r 2 days (DURATION) ..... DAYS

(Signed) Wm. Nicholas M. D.

Dec 31 1907 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Catholic Cemetery | DATE OF BURIAL: Jan 1st 1908

UNDERTAKER: Crowley Bros. | ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

KODAK SAFETY FILM

Ward 10 C 7907 Registered No. B C 7907

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1034 Enson St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Margaret J. Kaufman

{Residence, if in Baltimore, Give Street and Number.} 1034 Enson St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 24th 1837

AGE 70 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Anthony Shambaugh

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Sarah Vankirk

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1034 Enson St

Filed 1/1 1908 HARRY D. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 30 1907 that I last saw h[illegible] alive on Dec 30 1907 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate

Rupture of gall bladder

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Pearce M.D.

Address 1238 Greenleaf

Date Dec 30th 1907

Place of Burial Lemoyne Pa

Date Jan 2 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 7909 Registered No. B C 7909

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 14 S Regester St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Annie Lovell

{Residence, if in Baltimore, Give Street and Number.} 14 S Regester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Lovell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Lovell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Lovell

(Address) 14 S Regester St

Filed 1/1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Imal Intusus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Cuyellin M.D.

Address 320 N Greene St

Date 190

Place of Burial Laurel Cemetery

Date Jan 1 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7910 Registered No. B

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 335 South Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Clay Merrick

{Residence, if in Baltimore, Give Street and Number.} 335 S. Mount St.

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 8 1854

AGE 53 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Wise

(Address) 335 S Mount St

Filed 1/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Dec 31 1907

that I last saw h~~im~~ alive on Dec 30 1907,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Dec 31 1907

Place of Burial National Cemetery

Date Jan 2nd 1908

Undertaker N S Finch

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward V

C 7911 Registered No. B C 7911

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2116 W Pratt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Keuler Keuler

{ Residence, if in Baltimore, Give Street and Number. } 2116 W Pratt

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 9th 1826

AGE 81 years, 6 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gotfred Jacob Keuler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helsely

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) wife

(Address) 2116 W. Pratt

Filed 1/1 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30th 1907

I HEREBY CERTIFY, That I attended deceased from October 29th 1907 to Dec 30th 1907 that I last saw him alive on Dec 26th 1907, and that death occurred, on the date stated above, at 1230 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

very feeble (DURATION) 15 DAYS

Contributory (Primary.) Valvular Disease of Heart (DURATION) 62 DAYS

(Signed) John G. Holliday M.D.

Address 714 Frederick Ave

Date January 1st 1908

Place of Burial Ludow Park

Date Jan 2 1908

Undertaker W & J Fink

Address 2113 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 2 [illegal]

C 7912 Registered No. B C 7912

66

CERTIFICATE OF DEATH.

(Place of Death.) No. No. 1440 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Gotlieb Reichardt

{ Residence, if in Baltimore, Give Street and Number. } 1440 S. Charles St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 3d 1834

AGE: 73 years, 8 months, 26 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know first name

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: No

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoe Manufactur

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Charles Reichardt

(Address) 1440 S. Charles St

Filed 1/1 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 29 1907

that I last saw him alive on Dec 29 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Brain

(DURATION) 5 DAYS

Contributory (Primary.) Senile

(DURATION) 4 DAYS

(Signed) H. Wiley M.D.

Address 1714 N. Leary St

Date Dec 31st 1907

Place of Burial Greenmount

Date January 1 1908

Undertaker Wm. J. Egan

Address 1420 S. Charles St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 7913 Registered No. B C 7913

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Slagle.

{Residence, if in Baltimore, Give Street and Number.} 2306 E. Preston St.

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 8 — 20 — 1824

AGE 86 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Bernard Weidekeller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Osterman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John J Fahey

(Address) 1232 E Fallsway

Filed 1/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1907 to Dec 31 1907

that I last saw h-er alive on Dec 31 1907,

and that death occurred, on the date stated above, at 5- P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) W. W. Bowers, M.D.

Address Md. Gen. Hospital

Date Dec. 31, 1907

Place of Burial Holy Redeemer

Date Jan 3 1908

Undertaker John J Fahey

Address 1232 E Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7914 Registered No. B C 7914

56

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Sterman Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Davis

{Residence, if in Baltimore, Give Street and Number.} 214 S. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Davis.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Davis.

(Address) 214 S Bond St

Filed 1/1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31st 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1907 to Dec 31 1907 that I last saw h— alive on Dec. 30 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute brain of alcoholism

(DURATION) 4 DAYS

Contributory (Primary.) Chronic alcoholism (DURATION) DAYS

(Signed) John F. Moore M.D.

Address St Joseph's Germantown Ave.

Date December 31 1907

Place of Burial Baltimore Cem.

Date January 1 1908

Undertaker John A Morang

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

176

CERTIFICATE OF DEATH

(Place of Death.) No. Cor Fremont Ave & Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Irvin Green

{ Residence, if in Baltimore, Give Street and Number. } Cor Fremont Ave & Schroeder

Duration of Residence in Baltimore. 1 mo

C 7915

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Sept. 29 1907

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Kent Co Md

FULL NAME OF FATHER: Wilkins Green

BIRTHPLACE OF FATHER (State or country): Del

MAIDEN NAME OF MOTHER: Emma Green

BIRTHPLACE OF MOTHER (State or country): Del

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Green

(Address) Schroeder & Fremont Ave

Filed 1/1 1908

Registrar

HARRY C. ANDREWS.
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 that I last saw h alive on 190 , and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Mother was sleeping with it evidently by day accidentally lying on it while asleep Cause Suffocation (DURATION) DAYS

Con'tributory (Primary.) (DURATION) DAYS

(Signed) Frank Jones M.D. Coroner

Address

Date Dec 29 1907

Place of Burial London Park

Date Jan 1 1908

Undertaker C.M. Blizzard & Co

Address 1119 Pa Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 7916 Registered No. B C 7916

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 25 Carroll ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian William Kamp.

{ Residence, if in Baltimore, Give Street and Number. } 25 Carroll ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 8 1883

AGE: 24 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Conrad Kamp

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Mann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Moterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Kamp

(Address) 25 Carroll ave

Filed 1/1 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30 190 7

I HEREBY CERTIFY, That I attended deceased from July 15 190 7 to December 30 190 7 that I last saw h im alive on Dec 30 190 7, and that death occurred, on the date stated above, at 11.39 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) 6 months DAYS

Contributory (Primary.) Asphyxia

(DURATION) 2 DAYS

(Signed) asa L. Wessels M.D.

Address 510 Frederick ave

Date December 31 190 7

Place of Burial Western Cemetery

Date Jan: 3 rd 190 8

Undertaker C. W. Dill

Address 810 Fredk: ave: ext:

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7917

City of Baltimore, (No. 308 N. Madison St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susannah Arnold

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec (Month) 24 (Day) 1907 (Year)

AGE — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER E. B. Arnold

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Anna Schmidt

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rita Kutzler

(Address) 308 N. Madison

Filed 1/1 190 8

HARRY C. ARNOLD, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec 28 1907 that I last saw h[illegible] alive on Dec 28 1907, and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) 4 DAYS

Contributory

(DURATION) DAYS

(Signed) Geo. L. Dreane M.D.

Dec 28 1907 (Address) 711 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Greenmount

DATE OF BURIAL Jany 1st 1908

UNDERTAKER W. M. Jenkins & Sons Co.

ADDRESS 300 N. Madison St.

Ward 15 C 7918 Registered No. B C 7918

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olive Estelle Wheeler

{ Residence, if in Baltimore, Give Street and Number. } 2129 West North Ave.

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: July 15, 1877

AGE: 30 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Thomas Trouble

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lydia Gill

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. E Miles Wheeler

(Address) 2129 W. North ave

Filed 1/1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to Dec 30 1907 that I last saw her alive on Dec 30 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Typhoid fever.

Four weeks (DURATION) DAYS

(Signed) W. W. Bowie M.D.

Address Md. General Hosp.

Date Dec. 30, 1907.

Place of Burial Druid Ridge

Date Jany 2nd 1908

Undertaker W. B. Jenkins & Son Co

Address 300 N Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7919

City of Baltimore, (No. 1710, Hoffman Place; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lydia Ann Gore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: November (Month) 10th (Day) 1855 (Year)

AGE: 52 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: Tego Cooper

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A. Williams

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Cooper

(Address) 2425 St. Paul St

Filed 1/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Dec 30 1907 that I last saw her alive on Dec. 30 1907, and that death occurred, on the date stated above, at 5.00 P. M. The CAUSE OF DEATH was as follows:

Influenza which caused the Heart to give way. (DURATION) 6 DAYS

Contributory Dilatation of heart (DURATION) 4 DAYS

(Signed) Harrison F. Cooper M. D.

Dec. 31 1907 (Address) 2425 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? 1 Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: June 2 1908

UNDERTAKER: Rob't W. Turner | ADDRESS: 1424 Bway.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case c ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a can be ascertained, the full name, sex, age, condition (whether married or single) of the perso

of Vital Statistics in the City of Baltimore.

shall die in the said city it shall be the duty of case comes under his notice, to furnish within ial, a certificate setting forth, as far as the same rson deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

C 7920

Registered No. B .....

City of Baltimore, (No. 1119, E. Pratt St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Shilem Weinstock

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Aug. 1 1903
(Month) (Day) (Year)

AGE 4 years, 5 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Julius Weinstock

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Sheine Färber

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Weinstock

(Address) 1119 E. Pratt

Filed 1/1 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1907 to Jan 1 1908 that I last saw h[illegible] alive on Dec 31 1907, and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Measles and laryngeal diphtheria

(DURATION) 3 DAYS

Contributory Heart failure

(DURATION) ——— DAYS

(Signed) J. Pratt M. D.

Jan 1 1908 (Address) 1603 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Mount Royal Cemetery DATE OF BURIAL Jan 1, 1908

UNDERTAKER Mayer Simon ADDRESS 1620 N. Eden

Ward 14 C 7921 Registered No. B C 7921

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Hod. Home of a Nice Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Jones

{Residence, if in Baltimore, Give Street and Number.} 2018 Brent st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Edward Dickens

FULL NAME OF FATHER: Md

BIRTHPLACE OF FATHER (State or country): Jessie Jones

MAIDEN NAME OF MOTHER: Md

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Jones

(Address) 2018 Brent Street

Filed 1/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Accidentally Scalded,

by falling in hot water

Tub

Two days (DURATION) DAYS

Contributory (Primary.) Accidental

(DURATION) DAYS

(Signed) Chas Baetzmann M.D.

Address 709 Log. ave Corner

Date Dec. 31st 1907

Place of Burial Mt. Auburn Cem.

Date January 2nd

Undertaker Alex. Hemsley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 7922 Registered No. B C 7922

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 592 Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. E. Hill

{ Residence, if in Baltimore, Give Street and Number. } 423 Druid Hill Ave

Duration of Residence in Baltimore. Eight yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH 1

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Murray Hill

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Jane Hill

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Hill

(Address) 823 Druid Hill Ave.

Filed 1/1 190 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

Died suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jas Bardon M.D.

Address 700 Log. ave (Corner)

Date Dec. 31st 1907

Place of Burial Mt Zion Cemetery

Date January 2nd 190 8

Undertaker Alex. Hemsley

Address 598 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Jns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rob Goldmier

{Residence, if in Baltimore, Give Street and Number.} 610 S Smallwood st

Duration of Residence in Baltimore.

C 7923

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Goldmier

(Address) 610 S. Smallwood st

Filed Jan 1st 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 1 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Shock - caused from

Lost milk

accident

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P J Madden M.D.

Coroner

Address

Date Jan 1 1908

Place of Burial Washington Grace Cemetery

Date Jan 1st — 1908

Undertaker C F McCormick

Address 1727 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7924 Registered No. B 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 N Calvert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Eliza Whitney

{Residence, if in Baltimore, Give Street and Number.} 1803 N Calvert St.

Duration of Residence in Baltimore. All her life C 7924

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 5th 1824

AGE: 83 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Asahel Weston

BIRTHPLACE OF FATHER (State or country): Reading Mass

MAIDEN NAME OF MOTHER: Ann Alden

BIRTHPLACE OF MOTHER (State or country): Watertown Mass

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F C Whitney

(Address) 1220 Mary Land Ave Baltimore

Filed Jan 1st 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31 1907

I HEREBY CERTIFY, That I attended deceased from Spring 1907 to Dec 31 1907 that I last saw h~~er~~ alive on Dec 29 1907, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

Pulmonary edema.

(DURATION) — DAYS

Contributory (Primary.) Myocarditis.

Carcinoma Mamma (DURATION) — DAYS

(Signed) Thomas R Brown M.D.

Address 17 W Biddle St

Date Dec 31 1907

Place of Burial G W E Ennemoser

Date January 2nd 1908 190

Undertaker Wolfenbarger Co

Address 3 & Co Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7923 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. At Consolidated Gas office C 7925 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)
now at 2117 Callow ave

Full Name Joseph W. Clarke

{Residence, if in Baltimore, Give Street and Number.} 2117 Callow Ave

Duration of Residence in Baltimore. About Fifty Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	January 12th 1845
AGE	62 years, 11 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Richmond Va
FULL NAME OF FATHER	Henry Clarke
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Maule
BIRTHPLACE OF MOTHER (State or country)	Radnor Pa
OCCUPATION OF DECEASED	Treasurer of Consolidated Gas Elec Light & Power Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Bryson Milliken

(Address) 1404 Park Ave

Filed Jan 1st 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec. 31 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Congestion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Haynes M.D.

Address 1216 N. Carrollton Ave

Date Jan 1st 1908

Place of Burial Greenmount

Date Jan 2nd 1908 190

Undertaker Hawkins & Son Co

Address 308 E. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person undertaking the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age*** deceased, and the ***cause and date of death.***

Ward V C 7926 Registered No, B

114

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 State St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Quinn

{Residence, if in Baltimore, Give Street and Number.} 409 State St

Duration of Residence in Baltimore. Life

C 7926

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 11 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Charles Queen

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Eliza Chambers

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Eliz Queen

(Address) 419 State St

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1907 to Dec 31st 1907

that I last saw him alive on Dec 30th 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Congestion

Abdominal Dropsy. of

Asthenia.

(DURATION) 20 DAYS

Contributory (Primary) ——— (DURATION) ——— DAYS

(Signed) John T. McCarthy M.D.

Address 1 W Franklin St

Date Dec 31st 1907

Place of Burial Laurel

Date Jan 2 — 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 Druid Hill Ave., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clifton Johns

{Residence, if in Baltimore, Give Street and Number.} 1736 Druid Hill Ave

Duration of Residence in Baltimore. Life-time C7927

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Harris Johns

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harris Johns

(Address) 1736 Druid Hill Ave

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Jan 1 1908

that I last saw h alive on Jan 1 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Ileo-colitis with
marked Ex Emaciation.
Also Pulmonary Tuberculosis — (DURATION) DAYS

Contributory (Primary.) Improper diet
— (DURATION) — DAYS

(Signed) E. J. Keally — M.D.

Address 1230 S. Hill Ave

Date Jan. 1 — 1908

Place of Burial Mt. Auburn Cemetery

Date Jan 2nd 1908

Undertaker Felix B Pye.

Address 1026 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1601 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie G. Bernheimer.

{Residence, if in Baltimore, Give Street and Number.} 1601 N Bradford

Duration of Residence in Baltimore. Life C 7928

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH 1

AGE 74 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Nusset

(Address) 1442 N Gay St

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Dec 31 1907

that I last saw h[illegible] alive on Dec 31 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Grip.

(DURATION) 4 DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument St

Date Dec 31 1907

Place of Burial Baltimore Cemetery

Date Jan 3rd 1908

Undertaker Geo Nusset

Address 1442 N Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] C 7929 Registered No. B C 7929

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 317 S. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Garrity

{Residence, if in Baltimore, Give Street and Number.} 317 S. Spring St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 4 1864

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Mc Hugh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Mc Hugh

(Address) 312 S. Spring St.

Filed 1/2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26. 190 7 to Dec 31 190 7

that I last saw h alive on Dec 31 190 7

and that death occurred, on the date stated above, at 3

M. CAUSE OF DEATH (Secondary or Immediate

La Grippe + Pneumonia

, about (DURATION) 14 DAYS

Contributory (Primary) Cardiac Exhaustion (DURATION) 1 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date Jan 1, 1908

Place of Burial Cathedral Cem

Date Jan. 2nd 1908

Undertaker Jno. A. Inman

Address Banks & Hamilton

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7930 Registered No. B C 7930

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 726 Lennox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha A. C. Yewell Bready.

{ Residence, if in Baltimore, Give Street and Number. } 726 Lennox St.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White.

DATE OF BIRTH Feb. 6, 1842

AGE 65 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) A. A. Co., Md.

FULL NAME OF FATHER James Thomas Yewell

BIRTHPLACE OF FATHER (State or country) A. A. Co., Md.

MAIDEN NAME OF MOTHER Lelia H. Weedon

BIRTHPLACE OF MOTHER (State or country) A. A. Co., Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank B. Bready.

(Address) 726 Lennox St.

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 1904 to Dec. 30th 1907 that I last saw her alive on Dec 29th 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Chr Hy~~ General anasarca - Pulmonary Oedema

(DURATION) 3 DAYS

Contributory (Primary.) Chr Myocarditis

Chr Interstitial Nephritis (DURATION) 2 or 3 years

(Signed) J W Keown. M.D.

Address 1938 Linden Ave

Date Jany 1st 1908

Place of Burial Loudon Park Cemetery

Date January 2 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — Registered No. B C 7931

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Walbrook Ave. & Liberty Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sallie O. Fisher

{Residence, if in Baltimore, Give Street and Number.} Walbrook Ave & Liberty Rd.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Dec. 5, 1835

AGE 72 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto, Md.

FULL NAME OF FATHER David Pierce

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Isabelle Duby

BIRTHPLACE OF MOTHER (State or country) Harford Co, Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Fisher

(Address) Walbrook Ave & Liberty Rd

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Dec 30 1907

that I last saw her alive on Dec 30 1907,

and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis ex.

Mitral Regurgetation

(DURATION) 6 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Thomas J. Talbott M.D.

Address 1701 Eutaw Place

Date Dec 31 1907

Place of Burial Greenmount Cemetery

Date Jan. 2, 1908

Undertaker Henry W Means & Son

Address 605 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7932 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 North Vincent Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Williams

{ Residence, if in Baltimore, Give Street and Number. } 105 North Vincent Alley

Duration of Residence in Baltimore. Life time C 7932

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert William

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary William

(Address) 105 n Vincent al

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1907 to Dec 30th 1907 that I last saw h/im alive on Dec 30th 1907, and that death occurred, on the date stated above, at 1 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Influenza with severe nervous complications which attacked (DURATION) DAYS

Contributory (Primary.) his heart (DURATION) DAYS

(Signed) Samuel A Bain M.D.

Address 619 W. Biddle

Date Dec. 31st 1907

Place of Burial Mt Hope

Date Jan 2. 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C 7933 Registered No. B ...

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay-view asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Brown

{Residence, if in Baltimore, Give Street and Number.} 208 Martin Ct

Duration of Residence in Baltimore. ~~Entire life~~ Ct C 7933

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ... 1 ...

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Brown

(Address) 208 Martin's Ct.

Filed 1/2 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decr 30 1907

I HEREBY CERTIFY, That I attended deceased from Decr 26 1907 to Decr 30 1907 that I last saw him alive on Decr 30 1907, and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia.

(DURATION) 4 DAYS

Contributory (Primary.) Endocarditis &
Chronic interstitial Nephritis (DURATION) last DAYS

(Signed) N M Quinn M.D.

Address ...

Date ... 190...

Place of Burial Woodbury Cemetery

Date Jan 2nd 1908

Undertaker Chas L. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7031

City of Baltimore, (No. 102 Lamont Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna E. Graulich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept (Month) 4 (Day) 1825 (Year)

AGE: 82 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Jacob Blum.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anna E. Engel.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Graulich

(Address) 1506 E. Chase St

Filed 1/2 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 30th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Decemb. 25 1907 to Dec. 30th 1907

that I last saw h Er alive on Dec 31 1907

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Old age (DURATION) DAYS

Contributory La Grippe (DURATION) 5 DAYS

(Signed) Walter A. Meyer M.D.

Dec. 31st 1907 (Address) 103 N. Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lauder Dale Cem — DATE OF BURIAL: June 2 1908

UNDERTAKER: A. Fink & Son — ADDRESS: 9159 Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Ehrn

{Residence, if in Baltimore, Give Street and Number.} 834 North Gay Street

Duration of Residence in Baltimore.

C7935

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 16 1862

AGE: 45 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Ehrn.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary E. Stacks

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Ehrn.

(Address) 834 North Gay St

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1st 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1907 to Jan 1 1908 that I last saw h~~im~~ alive on Jan 1 1908, and that death occurred, on the date stated above, at 9 00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

aortic & mitral insufficiency: aortic aneurism.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date Jan 2 1908

Place of Burial Holy Redeemer

Date Jan 4 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97

CERTIFICATE OF DEATH.

Registered No. B C 7936

City of Baltimore, (No. 1724, Maryland Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. Frazier

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ Male | COLOR: White

DATE OF BIRTH: Sept (Month) 11 (Day) 1902 (Year)

AGE: 5 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Charles R. Frazier

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Helene Sauer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles R Frazier

(Address) 1724 Maryland ave

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31st 4 P.M. 1907 to Dec 31st 10.00 P.M. 1907,

that I last saw h- alive on Dec 31st 1907,

and that death occurred, on the date stated above, at 10.50 P.M. The CAUSE OF DEATH was as follows:

Broncho pneumonia

Probably (DURATION) 2 DAYS

Contributory Contusion

6 hrs. (DURATION) ~~DAYS~~

(Signed) J. S. H. Patterson M. D.

Jan 1st 1908 (Address) 508 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Westminster Md	Jan 3rd 1908
UNDERTAKER	ADDRESS
Albert F Phillips	1711 Md ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15

CERTIFICATE OF DEATH.

Registered No. B 7937

City of Baltimore, (No. 234 S High st, ~~Eutaw~~ First Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Inf of Louis and Celia First ~~Surname~~ Infant of Mr. First

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: ~~June~~ Dec 30 1907 (Month) (Day) Year

AGE: — years, — months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 234 S. High St

FULL NAME OF FATHER: Louis First

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Celia First

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Goldsmith

(Address) Louis First 234 S High

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 1 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Jany 1 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Exanitomia

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) B B Browne M. D.

190 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL: Jan 2, 1908

UNDERTAKER: Max Leisser ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KODAK SAFETY FILM

Ward ... 6 7938 Registered No. B 6 7938

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name William Ehrlich

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Dec. 30 1907

that I last saw h.. alive on Dec 30 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation

(DURATION) DA

Contributory (Primary.) Lobar Pneumonia

(DURATION) 6 DA

(Signed) Robt. P. Bay M.

Address Bay View

Date Dec. 31 1907

Place of Burial Sacred Heart

Date Jany 2. 190

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B

CERTIFICATE OF DEATH. 137

(Place of Death.) No. 2427 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Mischkot

{Residence, if in Baltimore, Give Street and Number.} 15 Locust Ct. Cath Bx 2

Duration of Residence in Baltimore. 8 yrs — C 7939

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W —

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brudekazy

(Address) 20 Locust St.

Filed 1/2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Jan 1 1908

that I last saw h alive on Jan 1 1908

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

following Childbirth

(DURATION) — DAYS

Contributory (Primary.) Septicemia

(DURATION) DAYS

(Signed) [redacted] M.D.

Address Locust & City Ave

Date Jan 3 1908

Place of Burial Holy Cross

Date Jan 3 1907

Undertaker Jerome C. McCrach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

C 7940

Registered No. B .....

City of Baltimore, (No. 1620 Harlem Ave St.; 16th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachael Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 7 March (Month) 9 (Day) 1833 (Year)

AGE 74 years, 8 months, 21 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) New Orleans U. S. A

FULL NAME OF FATHER Morton Phillips Levy

BIRTHPLACE OF FATHER (State or country) Philadelphia U. S. A

MAIDEN NAME OF MOTHER Rebecca Konnle

BIRTHPLACE OF MOTHER (State or country) Amsterdam Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fraeul Ruppe

(Address) 620 Harlem Ave

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 31 1907

that I last saw h er alive on Dec 30 1907, 9.30

and that death occurred, on the date stated above, at 9 ~ M. The CAUSE OF DEATH was as follows:

La Grippe, right Lobular Pneumonia & Fatal Pneumonia, Rheumatic endocarditis which caused sudden death = (DURATION) 10 DAYS

Contributory Rheumatism (DURATION) DAYS

(Signed) H H Sellman M. D.

Dec 31 1907 (Address) 5 E. 12 Eddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Jan 2 1908

UNDERTAKER H. J. Eichenlaub & Sons

ADDRESS 427 N. Gay

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7941 Registered No. B C 7941

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 649 W. Barre st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Amelia. Mc Carter

{Residence, if in Baltimore, Give Street and Number.} 649 W. Barre st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH October 10 1895

AGE 12 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Robert Mc Carter

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sadie. Woodall

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. Mc Carter

(Address) 649 W. Barre st

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 1 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Jany 1 1908

that I last saw her alive on Jany 1 1908.

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) DAYS

Contributory (Primary) 2 mos

(DURATION) DAYS

(Signed) H. A. Smith M.D.

Address 628 Hanover st

Date January 1 1908.

Place of Burial Baltimore Bern

Date Sat. Jan 4 1908

Undertaker H. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7942 Registered No. B C 7942

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1157 Montpelier St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Schwemmer

{Residence, if in Baltimore, Give Street and Number.} 1157 Montpelier St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 13 1856

AGE: 51 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Schwemmer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Pickels

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Sheet Iron Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Schwemmer

(Address) 1157 Montpelier st.

Filed 1/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Dec 31 1907

that I last saw him alive on Dec 30 1907.

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) DAYS

(Signed) L. McLampkin M.D.

Address 602 N Paca St.

Date Dec 31 1907

Place of Burial Western Cem.

Date Jan. 2 1908

Undertaker Ph. J. Dull & Son

Address 746 Columbia ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 6/1943 Registered No. B 12

CERTIFICATE OF DEATH. 98

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Collins

{Residence, if in Baltimore, Give Street and Number.} 233 N. Amity St.

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: 66 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Collins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Murphy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Collins

(Address) 128 N Schroeder St

Filed 1/2 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Dec 31 1907 that I last saw h in alive on Dec 31 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Emphysema & acute pneumonia Congestion 10 DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Dec 31, 1907

Place of Burial St Peters Cem

Date Jan 3 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7944

City of Baltimore, (No. 38, S. Fulton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas S. Godman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 22 (Day) 1831 (Year)

AGE: 76 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas W Godman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Wood

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma A Godman

(Address) 38 S Fulton ave

Filed 1/2 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Dec 30 1907 that I last saw h in alive on Dec 30 1907, and that death occurred, on the date stated above, at 1.55 P. M. The CAUSE OF DEATH was as follows:

La Grippe

(DURATION) 3 DAYS

Contributory Bronchial Pneumonia

(DURATION) 3 DAYS

(Signed) J. L. Hooper M. D.

1907 (Address) 220 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 2 1908

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7945 Registered No. B C 7945

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1735 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn May Henderson

{Residence, if in Baltimore, Give Street and Number.} 1735 Harford Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 2 1906

AGE 1 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Elwood S Henderson

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Florence Warnick

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elwood S Henderson

(Address) 1735 Harford Ave

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 1 1908

that I last saw h er alive on Dec 31 1907,

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonitis

(DURATION) 2 DAYS

(Signed) Geo F. Snyder M.D.

Address 1254 N. Broadway

Date January 1 1907

Place of Burial Baltimore Cem

Date Jan. 3 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1220

CERTIFICATE OF DEATH.

C 7946

Registered No. B

City of Baltimore, (No. 239 N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: October (Month) 6 (Day) 1876 (Year)

AGE: 31 years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Roberts

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Margerite Carey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Roberts

(Address) 239 N. Gilmor

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Dec 31 1907

that I last saw her alive on Dec 31 1907,

and that death occurred, on the date stated above, at 12.40 P. M. The CAUSE OF DEATH was as follows:

uraemia

(DURATION) 3 DAYS

Contributory Chronic nephritis

(DURATION) 3 years DAYS

(Signed) S. Strouse M. D.

Dec 31 1907 (Address) The Marlborough

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St. Peters Cem-

DATE OF BURIAL: Jan 3rd 1908

UNDERTAKER: A Fahey & Sons

ADDRESS: 606 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7947

Registered No. B.....

City of Baltimore, (No. 1018 Bonnie Brae St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Levi Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

AGE: 1-2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Levi Moore

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hooker.

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Moore

(Address) 1615 Russell Lane

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 31st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pneumonia

Ten days (DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Silas Bradwin (Comm.) M. D.

Dec. 31 1907 (Address) 700 Log. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Jan. 2 1908

UNDERTAKER: A. L. Pahan & Co ADDRESS: 213 Paul St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 513 N. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Benjamin Jackson

{Residence, if in Baltimore, Give Street and Number.} 513 N. Pine St

Duration of Residence in Baltimore.

C 7948

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE ~~years~~, 1 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER William W Jackson

BIRTHPLACE OF FATHER (State or country) Essex Co Va

MAIDEN NAME OF MOTHER Mattie Washington

BIRTHPLACE OF MOTHER (State or country) Richmond Va

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William W Jackson

(Address) 513 Pine St

Filed 1/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1st 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1908 to Jan 1st 1908

that I last saw h alive on Jan 1st 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Samuel A Bain M.D.

Address 619 N. Biddle

Date Jan 1st 1908 1908

Place of Burial Mount Auburn

Date Jan 3 1908

Undertaker John H Owens & Son

Address 1122 Pennsylvania Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 7949

CERTIFICATE OF DEATH.

95

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Laughoff

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 7949

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt. Bay View Asylum.

(Address)

Filed 1/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Dec 30 1907

that I last saw him alive on Dec. 30 1907

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Oedema

(DURATION) DAYS

(Signed) Ruth P. Bay M.D.

Address Bay View

Date Dec. 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date DEC 31 1907 1907

Undertaker Wm. J. Wooden

Address 1800 Aiken St

289

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7950

City of Baltimore, (No. 1330 N Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Selena Swann

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 16 1820
(Month) (Day) (Year)

AGE ..... years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Dont Know

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Annie Swann

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Ellis

(Address) 1330 N. Broadway

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Dec 30 1907

that I last saw h e alive on Dec 29 1907,

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 12 DAYS

Contributory Indigestion

Lifetime (DURATION) DAYS

(Signed) E L Peterson M. D.

Dec 31 1907 (Address) 1139 Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL HOPKINS HOSPITAL | DATE OF BURIAL 1908

UNDERTAKER Commissioner Health. | ADDRESS

Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7951

City of Baltimore, (No. 418, N. Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ray Gilmore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: ——— (Month) ——— (Day) 1907 (Year)

AGE: 36 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Jerome Gilmore

(Address) 1419 N Durham St.

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from several months 1907 to Dec 30 1907 that I last saw h er alive on Dec 28 1907, and that death occurred, on the date stated above, at 11 A M. The CAUSE OF DEATH was as follows:

Nephritis

several months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Walter N. White M. D.

Jan 1st 1907 (Address) 1101 N. Bivay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury | DATE OF BURIAL: Jan 2 1907

UNDERTAKER: R T Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

C 7952

Registered No. B

City of Baltimore, (No. 527 S. Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Stanienwski

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 15 (Day) 1907 (Year)

AGE: — years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. —

FULL NAME OF FATHER: Bernard Stanienwski

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Francis Zajac

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Horecky

(Address) 527 S. Ann St

Filed 1/2 1908

HENRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 1 1908 that I last saw h im alive on Jan 1st 1908, and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Fred W Weber M. D.

Jan 1 1908 (Address) 1721 Caroline av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Rosary,

DATE OF BURIAL: Jan 2 1908

UNDERTAKER: M F Sadowski.

ADDRESS: 705 S. Ann st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 7953 Registered No. B C 7953

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 32 N Luzerne St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Jacob Kern

{ Residence, if in Baltimore, Give Street and Number. } 32 Luzerne St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 7th 1832

AGE 72 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Klute

(Address) 32 N. Luzerne St

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 29 1907

that I last saw him alive on Dec 28 1907,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) 9 DAYS

Contributory (Primary.) Old Age

(DURATION) 9 DAYS

(Signed) August Korn M.D.

Address 40 E. 25th St

Date Dec 31 1907

Place of Burial Mt Carmel Cem.

Date Jan. 2nd 1908

Undertaker N. Sauder & Son

Address 1310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1322 West Pk St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lula C. Ballard

{ Residence, if in Baltimore, Give Street and Number. } 1322 West Pk

Duration of Residence in Baltimore Life

C 7954

PERSONAL AND STATISTICAL PARTICULARS

SEX: female. COLOR: colored

DATE OF BIRTH: —— 1 ——

AGE: 32 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James T Ballard

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Eliza Maihl

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Ballard

(Address) 1322 West St

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31, 1907

I HEREBY CERTIFY, That I attended deceased from April 1, 1907 to Dec. 31, 1907 that I last saw her alive on Dec 30, 1907 and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia, due to Sarcoma in the Abdominal regions Several months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. R. Elwell, M.D.

Address 1741 Harford ave

Date Dec 31, 1907

Place of Burial Balto Cemetery

Date Jan 3/907 190

Undertaker Wm Cook

Address 502 E Fairmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10

Registered No. B C 7955

103

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 Courtney St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William Ronayne

{Residence, if in Baltimore, Give Street and Number.} 210 Courtney St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Ronayne

BIRTHPLACE OF FATHER (State or country): Irland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Julia Ronayne

(Address) 710 Courtney.

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan 1st 1908

that I last saw him alive on Dec 31 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Ulcer

(DURATION) Indefinite DAYS

Contributory (Primary.) Phthisis

(DURATION) 3 DAYS

(Signed) Benj. L. Hayden M.D.

Address 1216 N. Caroline St

Date Jan. 2d 1908

Place of Burial Holy Cross

Date Jan 4 1908

Undertaker Wm Cook

Address 502 E. Northave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 7956 Registered No. B

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1819. W Pratt St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hans C. Medenwaldt

{Residence, if in Baltimore, Give Street and Number.} 1819 W Pratt St

Duration of Residence in Baltimore. Life

C 7956

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Stude

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dasbourkhardt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Medenwaldt

(Address) 1819 W Pratt St

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-31 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Dec 30 1907

that I last saw h— alive on Dec 30 1907

and that death occurred, ~~on the date stated above~~, at 9.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Walter A Coe M.D.

Address 541 Fulton Ave

Date 12-31 1907

Place of Burial Loudon Park

Date Jan 2 1907

Undertaker Wm Cook

Address 502 E Hoffman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C 7957 Registered No. B 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 Clarkson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lelia V Brown

{Residence, if in Baltimore, Give Street and Number.} 1421 Clarkson St

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 24 1862

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER John Brown

BIRTHPLACE OF FATHER (State or country) Howard Co Gordonsville

MAIDEN NAME OF MOTHER M. Gibson

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Hatrimmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Brown

(Address) 1421 Clarkson St

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to June 1 — 1908

that I last saw h-x alive on Dec 31 1907

and that death occurred, on the date stated above, at 7 30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Breast

and Gen Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Hudgins M.D.

Address 2.2 S Charles

Date June 2 — 1908

Place of Burial Cedar Hill

Date June 4 1907

Undertaker Woodward

Address 5026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7958 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brookner

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Infant

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH October 15 1907

AGE ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Sis. Inf. Asy.

(Address)

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Haywood M.D.

Address 1230 N Caroline

Date 12-31 1907

Place of Burial New Cathedral

Date January 2 1908

Undertaker Martin Lehnert & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C 7959

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1714 N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John B. Wellener

{ Residence, if in Baltimore, Give Street and Number. } 1714 N. Broadway.

Duration of Residence in Baltimore. 9

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 9, 1829

AGE: 78 years, X months, X days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Wellener

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Brick Layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Wellener

(Address) 1714 N. Broadway

Filed 1/2 1908

C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 14 1907 to Dec. 31 1907 that I last saw h[illegible] alive on Dec. 31 1907 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure from La Grippe

(DURATION) 17 DAYS

Contributory (Primary.) La Grippe

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 819 N. Eutaw St

Date Dec. 2[illegible] 1908

Place of Burial Baltimore Cemetery

Date Friday Jan. 4, 1908

Undertaker Evans & Spence

Address 1180/1202 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 7960 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Manner

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH November 20 1907

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vin. Asy.

(Address)

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Haywood M.D.

Address 1230 N. Carlton St

Date 12-31- 1907

Place of Burial Cathedral

Date Jan 2 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7962 Registered No. B C 7962

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dennis Burke Emmit

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH November 18 1907

AGE ..... years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy.

(Address)

Filed 1/2 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

Signed) E H Hayward M.D.

Address 1230 N Cowline

Date 12-31- 1907

Place of Burial Mt Olivet

Date January 2 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained* that any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Registrar of Vital Statistics, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the name, residence, **cause and date of death, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7961 Registered No. B C 7961

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Clark

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime C 7961

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W
DATE OF BIRTH November 20 1907	
AGE ..... years, 1 months, 11 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asylum

(Address)

Filed 1/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Cowlen

Date 12 - 31 - 1907

Place of Burial New Cathedral

Date Jan. 2 1908

Undertaker Harlen Taherty

Address 416 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B [illegible]

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1407 N. Fayette St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Alexander A Forman Jr.

{Residence, if in Baltimore, Give Street and Number.} 1407 N. Fayette St

Duration of Residence in Baltimore. Life

C 7963

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 18th 1907

AGE: 1 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Alexander A. Forman

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary. Haslup

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander A Forman

(Address) 1407 N Fayette St

Filed 1/2 1908

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Jany 1 1908

that I last saw h[illegible] alive on Jany 1 1908.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

Spasms.

(DURATION) 1 DAY

Contributory (Primary.) Meningitis (DURATION) 98 DAYS

(Signed) Edward H. London M.D.

Address 1403 N. Fayette St

Date Balto Jany 2 1908

Place of Burial Mt Olivet Cemetery

Date Jan 3rd 1908

Undertaker Geo J. Smith & Co

Address 1000 N. Fayette St.

WM. J. C. DUBANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 7964

(Forest Park) Registered No. B .....

City of Baltimore, (No. 3617 Fairview Ave St.; ..... Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Ruth Henry McMechen

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept. (Month) 6 (Day) 1874 (Year)

AGE 33 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Otis P. McMechen

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Katherine Henry

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles M. Kibbin

(Address) 3617 Fairview Ave Forest Park

Filed 1/2 190 8

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1907 to Jan 1 1908

that I last saw her alive on Jan 1 1908,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Paralysis;
Mitral Stenosis

(DURATION) 7 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A B Giles M. D.

Jan. 2 1908 (Address) Forest Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Jan 4 1908

UNDERTAKER George J. Smith & Co

ADDRESS 220 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 7965

City of Baltimore, (No. 1857 N. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Ramming

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: Oct (Month) 28 (Day) 1850 (Year)

AGE: 57 years, 2 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Pistel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Ramming

(Address) 1857 N Pratt St

Filed 1/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Decbr (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Decbr 24 1907 to Decbr 31 1907 that I last saw h alive on Decbr 31 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 2 DAYS

Contributory Pneumonia

Both Lungs (DURATION) 6 DAYS

(Signed) J. G. Lang. M. D.

Decbr 31 1907 (Address) 933 N. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Jan 3 1908

UNDERTAKER: Jos Lumbard Jr

ADDRESS: 647 11 Pratt

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 7966 Registered No. B ..... C 7966

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Speddens Ship Yard Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gareis

{ Residence, if in Baltimore, Give Street and Number. } 923 Hare St.

Duration of Residence in Baltimore..... 23 years C 7966

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 20 1857

AGE 50 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Gareis

(Address) 923 Hare St

Filed 1/2 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h— alive on ——— 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Comm. M.D.

Address

Date 190

Place of Burial Sacred Heart Cem.

Date Jan. 4 190 8

Undertaker Germanus Thuemler

Address Bangs & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 C 7968 Registered No. B C 7968

CERTIFICATE OF DEATH. 93

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lily Critchley

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January 1st 1875

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Anne Arundel Co. Maryland.

FULL NAME OF FATHER Richard Crosby.

BIRTHPLACE OF FATHER (State or country) Prince Georges Co. Maryland.

MAIDEN NAME OF MOTHER Sarah Mohsland.

BIRTHPLACE OF MOTHER (State or country) Calvert County Maryland.

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks

(Address) 1204 W. Balto

Filed 1/2 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1st 1908

I HEREBY CERTIFY, That I attended deceased from December 28th 1907 to January 1st 1908

that I last saw h alive on Dec 31st 1907,

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 10 DAYS

(Signed) J. N. Legg. M.D.

Address University Hospital

Date Jan. 1st 1908

Place of Burial Mt. Zion Church yard Lonaconing Md.

Date 1-3 1908

Undertaker Robt. Brookes Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7967 Registered No. B C 7967

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothea John

{Residence, if in Baltimore, Give Street and Number.} 1421 W Franklin st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 9 1829

AGE: 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Corsan

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Walter Meyers

(Address) 1421 W Franklin st

Filed 1/2 1908

HARRY C. ANDR[illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to Dec 31st 1907

that I last saw him alive on Dec 31st 1907

and that death occurred, on the date stated above, at 1.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Asthenia, Asthenia
Cardiac Failure.

(DURATION) 8 DAYS

Contributory (Primary) La Grippe

(DURATION) — DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Jan 2nd 1908

Place of Burial Balto Cemetary

Date Jan. 3 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 7969 Registered No. B C 7969

CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. 524 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Miller

{ Residence, if in Baltimore, Give Street and Number. } 524 W Lee St.

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: May 24th 1821

AGE: 86 years, 7 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Leonhard Keil

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mrs. Stakel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hsw

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John Keil

(Address) 524 W Lee St

Filed 1/2 1908

[illegible] ARRENS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27th 1907 to Jan 1st 1908 that I last saw h[illegible] alive on Dec 31st 1907, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senility & Chronic Bright's

(DURATION) DAYS

Contributory (Primary.) Ephanstra

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 423 Light St.

Date Jan 2d 1908

Place of Burial Druid Hill Park Cemetery

Date Jan 4 1908

Undertaker Wm Andrew Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2

C 7970

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7970

Registered No. B .....

City of Baltimore, (No. 211, Stoffard Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Francis Holly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July (Month) ..... (Day) 1852 (Year)

AGE: 55 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Holly

BIRTHPLACE OF FATHER (State or country): St Marys Co

MAIDEN NAME OF MOTHER: Lizian Blackston

BIRTHPLACE OF MOTHER (State or country): St Marys Co

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jackson Holly

(Address) 207 Stoffard Lane.

Filed 1/2 1908

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan 1 1908 that I last saw him alive on Dec 31, 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Pneumonia (DURATION) 6 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Howard W Jones M. D.

Jan 2 1908 (Address) Leonardtown Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathederal

DATE OF BURIAL: Jan: 3. 1908

UNDERTAKER: C. W. Dill

ADDRESS: 810 Fredk. ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 7971

City of Baltimore, (No. 818 N Mount St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian Genevieve Hamlet. (Mc Hatts)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ——— (Month) (Day) 1882 (Year)

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George C Hatts

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Genevie Dillaway

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs George C Hatts

(Address) 818 N Mount St

Filed 1/2 1908 HARRY C. ARBAUGH, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1st (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1907 to Jan 1st 1908 that I last saw her alive on Jan 1st 1908, and that death occurred, on the date stated above, at 945 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(probably a year or ov) (DURATION) 2 DAYS

Contributory Convulsions (DURATION) DAYS

(Signed) Gilman L Evans M. D.

Jan 2nd 1908 (Address) 833 N Fulton av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 4 1908

UNDERTAKER: H Fahey & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7912 C 7912

Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 148 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph W. Robinson

{ Residence, if in Baltimore, Give Street and Number. } 148 W. Hamburg St.

Duration of Residence in Baltimore. Life

C 7912

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, 4 months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: William Robinson

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Rosa Ward

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Robinson

(Address) 148 W Hamburg St

Filed 1/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Jan 2 1908

that I last saw h— alive on Jan 2 1908,

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 4 DAYS

(Signed) C. N. Fenton M.D.

Address 1148 W. Hamburg St

Date Jan 2 1908

Place of Burial Mt Auburn Cemetery

Date Jan 3 1908

Undertaker John H. Sodrun

Address 942 N Hilliard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 7973 Registered No. B C 7973

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1464 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morris Hamilton Hall.

{Residence, if in Baltimore, Give Street and Number.} 1464 N. Carey St. C 7973

Duration of Residence in Baltimore. All life (21 yrs. 8 mos).

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colord

DATE OF BIRTH: 1

AGE: 21 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: George Hall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: annie Presta

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Belle Carroll

(Address) 1464 n Carey st

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1907 to Dec. 31 1907 that I last saw him alive on Dec. 30 1907 and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) ? DAYS

Contributory (Primary.) Had an attack of appendicitis 1 yr. ago from which he never fully recovered since. Father died 2 yrs. ago of Tuberculosis. Sister died 3 yrs. ago of Tuberculosis

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1873 N. Carey st

Date Jan 1, 1908.

Place of Burial Mt Auburn Cemetery

Date Jan 3 1908

Undertaker John H Faddis

Address 142 n Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7974 Registered No. B C 7974

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1702 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R. Paine

{ Residence, if in Baltimore, Give Street and Number. } 1702 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ~~Dec.~~ July 190

AGE: — years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Separated

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Paine

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Butler

Res. Address 1702 Division St

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 2nd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

From birth (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 1702 Div. ave (Corner)

Date Jan. 2nd 1908

Place of Burial Mt Auburn

Date Jan 3rd 1908

Undertaker Philip B Dye

Address 109 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1235 W. Lombard. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine A. Reuting

{ Residence, if in Baltimore, Give Street and Number. } 1235 W. Lombard St.

Duration of Residence in Baltimore. 50 years C7975

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 14th 1839

AGE 68 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine A. Reuting

(Address) 1235 W. Lombard St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1st 1908

I HEREBY CERTIFY, That I attended deceased from December 18 1907 to Jany 1 1908

that I last saw her alive on Dec 31 1907 5.30

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) La Grippe

(DURATION) 14 DAYS

(Signed) W. F. Kemp M.D.

Address 8 W 25th St

Date Jany 1st 1908

Place of Burial Loudon Park Cemetery

Date Jan 4th 1908

Undertaker Jno. L. Jurs John W. Teufel

Address 101 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7976 Registered No. B C 7976

CERTIFICATE OF DEATH.

21

(Place of Death.) No. 1539 Orem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Dobberstein

{ Residence, if in Baltimore, Give Street and Number. } 1539 Orem Ave

Duration of Residence in Baltimore. 24 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 25th 1883

AGE 25 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Martha Wichmann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna F. Dobberstein

(Address) 1539 Orem Ave

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2nd 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to Jan 2 1908 that I last saw h[illegible] alive on Jan 1 1908, and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

Tuberculosis of Intestines

About 10 mos (DURATION) DAYS

Contributory (Primary.) Cystenitis

Several weeks (DURATION) DAYS

(Signed) E. C. Ballard M.D.

Address 162 n Mt Royal Ave

Date Jan 3 1908

Place of Burial Loudon Park Cemetery

Date Jan. 5th 1908

Undertaker Ind & Russ John W. Leufel

Address 201 W. Fayette St.

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7977 Registered No. B C 7977

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 44 E. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian L Lowry

{ Residence, if in Baltimore, Give Street and Number. } 44 E. Cross St

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 25 1907

AGE ——— years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Norfolk Va.

FULL NAME OF FATHER Edward Lowry

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lucile Bremer

BIRTHPLACE OF MOTHER (State or country) San Francisco Cal

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Lowry (Father)

(Address) 44 E Cross St

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 2 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas McReinhardt M.D.

Coroner

Address

Date January 2 1908

Place of Burial Cedar Hill Cem

Date Jan 3rd 190 8

Undertaker Geo M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7978 Registered No. B C 7978

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 2132 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Meyer

{Residence, if in Baltimore, Give Street and Number.} 2132 Orleans St

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1st 1846

AGE 62 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jno Tichel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Harrold

(Address) 2132 Orleans.

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday January 1st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1907 to Dec 31st 1907 that I last saw h[er] alive on Dec 31st 1907, and that death occurred, on the date stated above, at .....

.....11. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cancer of breast (DURATION) 18 months Duration

(Signed) E. Wirth M.D.

Address 607 N Charles St

Date January 2nd 1908

Place of Burial Loudon Park Cem

Date Jan 3 1908

Undertaker Geo M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C 7979 Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 739 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard E Davina

{Residence, if in Baltimore, Give Street and Number.} 739 Ramsay St.

Duration of Residence in Baltimore. Life C 7979

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man | COLOR: White

DATE OF BIRTH: July 29 1875

AGE: 32 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: R E Davina

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Susan Hunter

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk & salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Davina

(Address) 739 Ramsay St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Dec 31 1907 that I last saw h.. alive on Dec 31 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

4 months (DURATION) ... DAYS

Contributory (Primary.) General Oedema and heart failure (DURATION) 4 weeks DAYS

(Signed) Jos. E. Mears M.D.

Address 835 Lexington St

Date Jan 2 1908

Place of Burial St Peter's Cemetery

Date Jan 4th 1908

Undertaker Henry C. Brauning

Address 5 S. Poppleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

9°

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7960

Registered No. B.....

City of Baltimore, (No. 806 Scott St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eugene Louis Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 13 (Day) 1907 (Year)

AGE: ..... years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis J. Cooper

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Rose Baker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis J Cooper

(Address) 806 Scott st

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to January 2 1908 that I last saw h ~~im~~ alive on January 2nd 1908, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 12 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) G B Truman M. D.

1/2 1908 (Address) 643 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Jan 13 1908

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C 7981 Registered No. B C 7981

CERTIFICATE OF DEATH.

19

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William McGary

{Residence, if in Baltimore, Give Street and Number.} 101 N. Curley St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 20 1838

AGE: 69 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Nancy Smith

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm S. McGary

(Address) 101 N Curley St

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1907 to Jan. 2 1908 that I last saw him alive on Jan. 1 1908, and that death occurred, on the date stated above, at 1.20 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute dilatation of heart
Oedema of Lungs

(DURATION) DAYS

Contributory (Primary.) Chronic Myocarditis (DURATION) DAYS

(Signed) Wm. Schmitz M.D.

Address St. Joseph's Hospital

Date Jan. 2 1908

Place of Burial Cathedral Cemetery

Date Jan 4 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 7982 Registered No. B .....

C 7982

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Place of Death. No. 522 W. Preston St.

Full Name Mary G. Downes

{ Residence, if in Baltimore, Give Street and Number. } 522 W. Preston St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 65 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blake Downes

(Address) 522 W Preston St

Filed 1/3 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1907 to Jan. 1, 1908

that I last saw her alive on Dec 31, 1907

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Broken Compensation from aortic mitral valve disease (DURATION) 4 weeks

(Signed) Edw Engelder M.D.

Address 922 Eutaw Place

Date Jan. 2, 1908

Place of Burial Laurel Cemetery

Date January 4" 1908

Undertaker Alex Hemsley.

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 7983 Registered No. B

CERTIFICATE OF DEATH. C 7983

(Place of Death.) No. 317 Barclay Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 317 Barclay Place

Duration of Residence in Baltimore. Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Rasberry Williams

BIRTHPLACE OF FATHER (State or country) Unk

MAIDEN NAME OF MOTHER Dr Brown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret St. Jones Place

(Address) 317 Barclay

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1907 to Jan 1 1908 that I last saw h[illegible] alive on Jan 1 1908, and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt G. Schmidt M.D.

Address 424 - East 23 St.

Date Jan. 1. 1908.

Place of Burial Woodbine, Howard Co., Md.

Date January 4" 1908

Undertaker Alex. Hemsley.

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 7984 Registered No. B 175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius Mertel

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

C 7984

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael Mertel

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Lynch

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Mertel

(Address) 1628 Baker St

Filed 1/3 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1-11 1908

I HEREBY CERTIFY, That I attended deceased from As Grown 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions, caused by Stomach Poison, from bad milk.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 6 hours

(Signed) J. D. Gilbert Coroner M.D.

Address 211 E. Lanvale

Date January 1-11 1908

Place of Burial New Cathedral Cem.

Date January 3 1908

Undertaker Wendell & Lippert Sons

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 7985 Registered No. B C 7985

CERTIFICATE OF DEATH.

175

(Place of Death.) No. 1628 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Mertel

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael Mertel

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Lynch

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Mertel

(Address) 1628 Baker St

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from As above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions caused by Stomach Poison from bad milk.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 9½ hours

(Signed) J. D. Schubert M.D. Coroner

Address 211 W. Lanvale

Date Jan 1st 1908

Place of Burial New Cathedral Cem

Date Jan 3 1908

Undertaker Wendell Diffenderffer & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 7986 Registered No. B C 7986

CERTIFICATE OF DEATH. 159

(Place of Death.) No. 1011 Russell St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Lyons.

{ Residence, if in Baltimore, Give Street and Number. } 920 Burgundy St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 12th 1850

AGE 57 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Lyons.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Schumbard

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Foreman & Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Lyons.

(Address) 1136 Cleveland St.

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1st. 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laceration of brain tissue, fracture skull + hemmorhage, due to pistol shot wound on head

(DURATION) DAYS

Contributory (Primary.) Suicide

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Jan 3 1908

Place of Burial Western Cemetery

Date Jan. 4th 1908

Undertaker Jas & Jno W. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C 7987 Registered No. B C 7987

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 Mc Machen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 19

Full Name Margaret Paul

{ Residence, if in Baltimore, Give Street and Number. } 516 Mc Machen St

Duration of Residence in Baltimore. 30 Jears

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: aug 18 1845

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Imhoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Geo. Paul

(Address) 516 Mc Machen St

Filed 1/3 1908 HENRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1908

I HEREBY CERTIFY, That I attended deceased from Dec 13 1907 to Jan 1 1908 that I last saw h-r alive on Dec 31 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Con'tributory (Primary.) Mitral Regurgitation (DURATION) 1 years

(Signed) John E Huett M.D.

Address 647 W Lafayette Ave

Date Jan 2 1908

Place of Burial Loudon Park Cemetery

Date Jan 4th 1907

Undertaker Geo. Benz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 7988 Registered No. B C 7988

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2118 Druidhill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elbon Bailey

{ Residence, if in Baltimore, Give Street and Number. } 2118 Druidhill ave

Duration of Residence in Baltimore. Life 63 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bailey

(Address) 2118 Druid Hill ave

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Jan 2 1908 that I last saw h-e alive on Jan 2 1908, and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis Dropsy

Contused.

(DURATION) 29 DAYS

Contributory (Primary.) Heart (DURATION) 29 DAYS

(Signed) D. W. Bernard M.D.

Address 708 Linden Ave

Date Jan 2 1908

Place of Burial Mt Auburn Cemetery

Date Jan 5th 1908

Undertaker Felix B Pye

Address 102 E Lundberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 7989 Registered No. B C 7989

138

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elma Lynn.

{ Residence, if in Baltimore, Give Street and Number. } 892 Tyson St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Lynn

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Young

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Lynn

(Address) 892 Tyson St

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 2 1908

that I last saw h alive on Jan 2 1908,

and that death occurred, on the date stated above, at 12 00 M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) DAYS

Contributory (Primary.) Toxemia of Pregnancy

(DURATION) DAYS

(Signed) J. M. Chance M.D.

Address Md. Genl Hosp

Date Jan. 2- 1908

Place of Burial Mt Auburn Cemetery

Date Jan 3rd 1908

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 7990

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 7990

Registered No. B.....

City of Baltimore, (No. 764 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John West.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Henry West

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah Parker

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary West

(Address) 764 W. Mulberry St

Filed 1/3 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 2nd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1907 to January 2 1908

that I last saw h~~im~~ alive on January 2 1908,

and that death occurred, on the date stated above, at 8.15 A. M. The CAUSE OF DEATH was as follows:

Pyhaemia

..... (DURATION) ..... DAYS

Contributory Acute Lobar Pneumonia

(Bilateral) (DURATION) ..... DAYS

(Signed) Geo. W. Lauter Jack M. D.

Jan 2 1908 (Address) 635 Hoshen St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Jan 5 1908

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 7991 Registered No. B C 7991

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 Cleaveland st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie L. Misspilhorn

{Residence, if in Baltimore, Give Street and Number.} 1124 Cleaveland st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 27 1907

AGE ..... years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alvin Misspilhorn

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma Smith

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alvin Misspilhorn

(Address) 1124 Cleveland St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 2nd 1908 that I last saw h alive on Jan 2nd 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 12 hrs DAYS

Con'ributory (Primary.) Lobar Pneumonia

(DURATION) 3 DAYS

(Signed) J Morley Hoag M.D.

Address 721 Columbia Ave

Date Jan 2nd 1908

Place of Burial Western Cem

Date Jan 4 1908

Undertaker W. J. Tiekmeyer & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 7992 Registered No. B [illegible]

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 921 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Mc Cabe

{Residence, if in Baltimore, Give Street and Number.} 921 Valley St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 29 1864

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Owen McCahyn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles O' Bryan

(Address) 10 E. Lead St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Jan 1 1908 that I last saw h[illegible] alive on Jan 1 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro enteritis

2 (DURATION) 1 DAYS

Contributory (Primary.) Grippe

2 (DURATION) DAYS

(Signed) Charles O' Bryan M.D.

Address 10 E. Lead St

Date Jan 2 1908

Place of Burial Cathedral

Date Jan 4 1908

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 79[illegible] Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 30 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Hall

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life. C 7993

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 54 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1.3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1. 1. 1908

I HEREBY CERTIFY, That I attended deceased from about 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary, or Immediate)

Tuberculosis,

(How is the terminal Effect)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gibbons M.D.

Address 211 N. Fenwick

Date 1. 2 1908

Place of Death JOHNS HOPKINS HOSPITAL

Date JAN 2- 1908 190

Undertaker Commissioner Health, Per Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

201

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C 7994 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elias Pannon

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. C 7994

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wds

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/3 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Jan 1 1908

that I last saw h-im alive on Jan 1 1907

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation

(DURATION) DAY

Contributory (Primary.) Nephritis

Lagrippe (DURATION) DAY

(Signed) Robt C. Bay M.D.

Address Bay View

Date Jan 1 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 2- 1908 1908

Undertaker William J. Woods

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1122 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Houghton

{Residence, if in Baltimore, Give Street and Number.} 1122 Bolton St.

Duration of Residence in Baltimore. C 7995

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 24th 1827

AGE: 80 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Mass

FULL NAME OF FATHER: Stedman Houghton

BIRTHPLACE OF FATHER (State or country): Howard Mass

MAIDEN NAME OF MOTHER: Ann Cragin

BIRTHPLACE OF MOTHER (State or country): Howard Mass

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Louis S.S. Houghton

(Address) 1122 Bolton St

Filed 1/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 2" 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23" 1907 to Jan. 2" 1908 that I last saw him alive on Jan. 2" 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) 5 DAYS

Contributory (Primary.) Grip

(DURATION) 10 DAYS

(Signed) C. Edward Janney M.D.
Jud. F.R.

Address 837 N. Eutaw St.

Date Jan. 2" 1908

Place of Burial Loudon Park

Date Jan 4th 1908

Undertaker Geo. J. Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — Registered No. B C 7996

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 417 N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Hardisty

{Residence, if in Baltimore, Give Street and Number.} 417 N. Fulton

Duration of Residence in Baltimore. 23 yrs. C 7996

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 30th 1824

AGE 83 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) A. A. Co Md

FULL NAME OF FATHER John Gardner

BIRTHPLACE OF FATHER (State or country) A. A. Co Md

MAIDEN NAME OF MOTHER Providence Russell

BIRTHPLACE OF MOTHER (State or country) A. A. Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Hardisty

(Address) 914 N. Fulton ave

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1907 to Jan. 2 1908

that I last saw h alive on Jan. 2 1908

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Grip

3 or 4 (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) L. C. Schmuck M.D.

Address 1226 Madison ave

Date Jan. 3 1908

Place of Burial Harlowaugh A. A. Co Md

Date Jan 4th 1908

Undertaker George W. Smith Co

Address 1001 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B ..... C 7997

C 7997

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 947 Penn alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Bowen

{Residence, if in Baltimore, Give Street and Number.} 947 Penn al.

Duration of Residence in Baltimore. Life C 7997

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Afro-am
DATE OF BIRTH: March 19th 1906	
AGE: 2 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	947 Penn al
FULL NAME OF FATHER	William Bowen
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Georgianna Sim
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Bowen

(Address) 947 Penn al

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/1 1907.

I HEREBY CERTIFY, That I attended deceased from 12/25 1907 to 1/1 1908

that I last saw h— alive on 1/1 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (Broncho)

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 mad. ave

Date 1/2 1908.

Place of Burial Mt Auburn Cem

Date 4/2 1908

Undertaker Henry Smith

Address 1402 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B C 7998

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 W. Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Everick J. Hellwood

{ Residence, if in Baltimore, Give Street and Number. } 138 W. Fayette St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH .....

AGE 1 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 138 W. Fayette

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1907 to Jan. 1, 1908

that I last saw h alive on Dec. 31, 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia DURATION 2 Days

Con'ributory (Primary) Influenza Pneumonia Grip DURATION ..... DAYS

(Signed) H. Edw. Magruder M.D.

Address 927 Madison Ave

Date Jan 2 1908

Place of Burial Laurel Cemetery

Date Jan 3. 1907

Undertaker A. S. Gillett

Address 506 Rockeye

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 — Registered No. B C 7999 — 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1572 Burroughs St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. Martin

{Residence, if in Baltimore, Give Street and Number.} 1572 Burroughs St.

Duration of Residence in Baltimore. Life C 7999

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: July 28th 1906

AGE: 1 years, 6 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas F. Martin

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Susan Schleigh

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Martin

(Address) 1512 Bor[illegible] St.

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jany 1 1908 that I last saw him alive on Jany 1 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

DURATION) 3 DAYS

Con tributory (Primary.)

DURATION) 3 DAYS

(Signed) W. C. Smith M.D.

Address 520 Kennard St

Date Jany 2 1908

Place of Burial Holy Redeemer Cem

Date Jany 4 1908

Undertaker J. L. Stumtelzeck & Co

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

[illegible] SAFETY FILM

Ward 5 C 6000 Registered No. B 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 840 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Reph

{ Residence, if in Baltimore, Give Street and Number. } 840 S Bond st

Duration of Residence in Baltimore. 48 yrs C 8000

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Oct 3rd 1832

AGE 75 years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dabst

(Address) 840 S. Bond St

Filed 1/3 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12th 1907 to Jan 1st 1908 that I last saw h— alive on Jan 1st 1908 and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paral Paralysis of brain

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 1165 Broadway

Date Jan 2 1908

Place of Burial Trinity Cemetery D.S.

Date Jan 3rd 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... C 8001 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Annie Springer

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 2 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1907 to Jan 2 1908

that I last saw h[illegible] alive on Jan 2 1908

and that death occurred, on the date stated above, at 6.2[illegible] A.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DA[illegible]

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DA[illegible]

(Signed) Robt P. Bay M.D.

Address Bay View

Date Jan. 2. 1908

Place of Burial Sacred Heart

Date Jany 3. 1907

Undertaker Evans & Spence

Address 1184 & 1220 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. [illegible]nd be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 23 C 8002 Registered No. B C 8002

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1404 Patapsco St. (If Death occurr Hospital or Institu give its Name i of Street and N

Full Name Mary E. Murray

{Residence, if in Baltimore, Give Street and Number.} 1404 Patapsco St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Francis Roberson

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Mary L Rial

BIRTHPLACE OF MOTHER (State or country): Washington

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Murray

(Address) 14 Patapsco St

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 2nd 190

I HEREBY CERTIFY, That I attended deceased fr Jan. 2nd 1908 to Jan 2nd 190 that I last saw her alive on Jan 2nd 190 and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immedia

Heart Failure

(DURATION)

Contributory (Primary) Myocardial degeneration not known (DURATION) D

(Signed) C. Erkenbrack M.

Address 1412 Light St.

Date Jan. 2nd 1908 190

Place of Burial Balto Cemetery

Date January 4 0 8 190

Undertaker J Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, residence** and the **cause and date of death**, and the **condition** (whether married or single) of the person deceased, and the

Ward 14 C 8003 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edw Durlong

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vin. Inf Asylum.

(Address)

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Jan 2 1908, that I last saw h alive on Jan 2 1908, and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lauprem Lung
Following double lobar
Pneumonia

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M.D.

Address

Date Jan - 3 1908

Place of Burial New Cathedral

Date January 3 1908

Undertaker Martin Cahill & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C. 8004 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Margaret Young.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Dec 30 th 1907

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 2 1908

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition prematur birth.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P J Martini M.D.

Address .....

Date Jan 3 1908.

Place of Burial Our Cathedral

Date January 3 1908

Undertaker Martin J. Shenton

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 8005 Registered No. B C 8005

159

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 N. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William C. Burke

{ Residence, if in Baltimore, Give Street and Number. } 600 N. Northern ave

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Burke

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Laura C. Hill

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dr. Norman F. Hill

(Address) 600 N. Northern.

Filed 1/13 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Jan 1908

that I last saw h — alive on — 190—

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wound in head through temple

Suicide.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Norman F. Hill M.D.

Address 216 S. Caroline Street

Date Jan 3 1908.

Place of Burial Annapolis Md

Date Jan 4 1908

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C 8006 — Registered No. B C 8006 / 0

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 Monroe alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Wilson

{Residence, if in Baltimore, Give Street and Number.} 928 Monroe al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Africa. Am

DATE OF BIRTH 1861 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugenia Bland

(Address) 928 Monroe al

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/2 1908

I HEREBY CERTIFY, That I attended deceased from 12/28 1907 to 1/2 1908 that I last saw h[illegible] alive on 1/1 1908 and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Grippe (DURATION) 14 DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 1/2 1908

Place of Burial Laurel Cemetery

Date Jan 5 1908

Undertaker R. H. Elliott

Address 206 Royer's Ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 8007 Registered No. B C 8007

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 577 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Watkins

{Residence, if in Baltimore, Give Street and Number.} 577 Union St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Hester Watkins

BIRTHPLACE OF MOTHER (State or country) — Md

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Watkins

(Address) 577 Union St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 3rd 1908

that I last saw h[illegible] alive on Jan 2nd 1908

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia of Asthenia.

(DURATION) 3 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 4 DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Jan 3rd 1908

Place of Burial Laurel

Date Jan 5th — 1908

Undertaker R A Leavitt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8008 Registered No. B C 8008

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1225 Peabody St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caraline Wilson

{Residence, if in Baltimore, Give Street and Number.} 1225 Peabody.

Duration of Residence in Baltimore. 70 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR B
DATE OF BIRTH 1	
AGE 80 years, 11 months, 26 days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country) Md.	
FULL NAME OF FATHER Unknown	
BIRTHPLACE OF FATHER (State or country) —	
MAIDEN NAME OF MOTHER —	
BIRTHPLACE OF MOTHER (State or country) —	
OCCUPATION OF DECEASED Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Jackson

(Address) 1725 Peabody St

Filed 1/3 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec.~~ 1908 to ~~Jan.~~ 1908

that I last saw h~~er~~ alive on Jan. 1 1908,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Coroner M.D.

Address Coroner

Date Jan. 8 1908

Place of Burial Laurel Cemetery

Date January 5 1908

Undertaker R. F. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 8009 Registered No. B C 8009

CERTIFICATE OF DEATH.

1.20

(Place of Death.) No. Bald City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Reuter

{Residence, if in Baltimore, Give Street and Number.} 343 Courtney St.

Duration of Residence in Baltimore. 25 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/3 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 2 1908 that I last saw h alive on Jan 2 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis —

(DURATION) — DAYS

Con'tributory (Primary.) Edema of Epiglottis

(DURATION) 5 DAYS

(Signed) H H Baker M.D.

Address Balto City Hospital

Date Jan 3 1908

Place of Burial COLLEGE OF P. & S. JAN 3 - 1908

Date 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

301

C 8010

Ward 17 C 8010 Registered No. B

CERTIFICATE OF DEATH. 18

(Place of Death.) No. The John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Novak

{ Residence, if in Baltimore, Give Street and Number. } Wagners Point Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Deceased)

(Address)

Filed JN 3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to Dec 30 1907

that I last saw h e alive on Dec 30 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Endocarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm D Paul M.D.

Address John Hopkins Hosp

Date Jan 3 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 3 - 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

FOR STATISTICAL PURPOSES.

302

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8011 Registered No. B C 8011

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Long Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Rice

{ Residence, if in Baltimore, Give Street and Number. } 570 N. Biddle st.

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: male / COLOR: Colored	DATE OF DEATH: Dec. 25 — 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Dec 25 1907
AGE: 30 years, — months, — days	that I last saw h — alive on — 190—, and that death occurred, on the date stated above, at 2 — P. M. CAUSE OF DEATH (Secondary or Immediate.)
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	Accidentally drowned
BIRTHPLACE (State or country): Va.	(DURATION) — DAYS
FULL NAME OF FATHER: Not Known	Contributory (Primary.)
BIRTHPLACE OF FATHER (State or country): —	(DURATION) — DAYS
MAIDEN NAME OF MOTHER: —	(Signed) Benj. S. Hayden M.D. Coroner
BIRTHPLACE OF MOTHER (State or country): —	Address 1216 N Caroline st
OCCUPATION OF DECEASED: Deck Hand	Date Jan 2 1908.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial JOHNS HOPKINS HOSPITAL
(Informant) B.S. Hayden	Date JAN 3 - 1908 190—
(Address) 1216 N. Caroline st	Undertaker Commissioner Health. Per. Wm. E. WOODALL.
Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Address

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1/8

Ward 5 C 8012 Registered No. B C 8012

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jas H. Hanrahan

{Residence, if in Baltimore, Give Street and Number.} 1109 E. Fayette St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 1863

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Martin Hanrahan

BIRTHPLACE OF FATHER (State or country) Island

MAIDEN NAME OF MOTHER Ellen Scland

BIRTHPLACE OF MOTHER (State or country) Irland

OCCUPATION OF DECEASED Oyster Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hanrahan

(Address) 1109 E Fayette St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 2 1908

I HEREBY CERTIFY, That I attended deceased from Jany 2 1908 to Jany 2 1908

that I last saw him alive on Jany 2 1908

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) — DAYS

Contributory (Primary) Chronic Alcoholism (DURATION) — DAYS

(Signed) H. H. Esker M.D.

Address City Hospital

Date Jany 2 1908

Place of Burial Cathedral

Date Jan 6 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 107 C 8013 Permit No. B. C 8016

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

175

CERTIFICATE OF DEATH.

Date of Death, Dec 27-1907

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give name of parents.} Marshal Johnson

Age, 35 *Years,* ..... *Months,* ..... *Days,* ..... *Sex,* Male

~~White~~, Black, ~~Mulatto, Mongolian, Indian,~~ {Cross out the words not required in this line.}

Married, ~~Single, Widow, or Widower~~ {Cross out the words not required in this line.}

Occupation, Laborer

Nationality of Parents, Father Unknown

Mother Unknown

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Washington D.C

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Prince Geo Co Md

Residence, Same

Cause of Death, First, (Primary,) Stomach Trouble

Second, (Immediate,) .....

Duration of Last Sickness, 1 day

All of the above shall be filled out by the Physician.

Place of Burial, JOHNS HOPKINS HOSPITAL

Date of Burial, JAN 3- 1908

Undertaker, Commissioner of Health,

Place of Business, Johns Hopkins Hospital

Thurdon Lorke Jr. M. D.,

Medical Attendant.

Address 180 N. Chas St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER.)

286

REMARKS:

John F. Weyler
Warden

FOR ANATOMICAL PURPOSES

Ward 17 C 8014 Registered No. B C 8014

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 3017 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mae Angela McComas

{Residence, if in Baltimore, Give Street and Number.} 3017 St Paul St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 7th 1903

AGE 4 years, 5 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John R McComas

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mae A. Yaskel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A McComas

(Address) 3017 St Paul St.

Filed 1/3 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 1- 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 28 1907 to Jany 1- 1908 that I last saw her alive on Jany 1- 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure from the depressing effects of Bronchitis caused by the La Grippe Grippe (DURATION) 5 DAYS

Contributory (Primary.) La Grippe

as above (DURATION) 5- DAYS

(Signed) W. E. Mosley M.D.

Address 301 W Monument St.

Date January 3- 1908

Place of Burial Druid Ridge Cem

Date Jany 4th 1908

Undertaker Hewes Perkins Undertaking Co

Address 3rd & Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPAR[illegible] City of Baltimore.

Ward 13 f

C 8015 Registered No. B C 8015

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 East Royal Terrace St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Geo M. Lamb

{ Residence, if in Baltimore, Give Street and Number. } Gorsuch Bet S. & B.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25 1847

AGE 60 years, 5 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) ~~Hartford~~ Gunpowder Md.

FULL NAME OF FATHER ~~Geo~~ John Emerson Lamb

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Esther Matthews

BIRTHPLACE OF MOTHER (State or country) Gunpowder

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel E. Lamb

(Address) 1516 Linden Ave Balto.

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2" 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 6 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Probably Fatty Degeneration

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles Smithmeyer M.D.

Address 1818 N. Charles Corner

Date Jan 2 1908

Place of Burial Friends Cem Harford Rd

Date Jany 5th 1908

Undertaker Hutchins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 8016 Registered No. B C 8016

CERTIFICATE OF DEATH. 56

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Rock

{Residence, if in Baltimore, Give Street and Number.} 900 Harford Ave.

Duration of Residence in Baltimore. 2

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Patrick Rock

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Tighe

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Signor Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Alice Rock

(Address) No 900 Harford Ave

Died 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 1 1908

that I last saw h— alive on Jan 1 1908

and that death occurred, on the date stated above, at 3:25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonic Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. F. Eaton M.D.

Address Balt City Hospitals

Date Jan 1 1908

Place of Burial Holy Cross Cemetery

Date Jan 4 1908

Undertaker Henry Hoeck's Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8017 Registered No. B C 8017

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 906 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Fields

{ Residence, if in Baltimore, Give Street and Number. } 906 Ensor St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	February 17th 1875
AGE	32 years, 10 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Henry C. Parrish
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Mary A Mathews
BIRTHPLACE OF MOTHER (State or country)	Elkton. Md.
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles B. Fields

(Address) 906 Ensor St.

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 2 1908

that I last saw her alive on Jan 2 1908,

and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac paralysis.

Chronic Cardiac dilatation with (DURATION) DAYS

Contributory (Primary.) acute attack brought on by Confinement. (DURATION) DAYS

(Signed) M. L. Ford M.D.

Address 1202 E. Monument St.

Date Jan 2 1908

Place of Burial St. Mary's Cemetery Govanstown

Date Jan. 6th 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8018 Registered No. B C 8018

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Hawkins

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Hawkins

BIRTHPLACE OF FATHER (State or country): Charles County

MAIDEN NAME OF MOTHER: Jane Green

BIRTHPLACE OF MOTHER (State or country): Charles County

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Thomas

(Address) 1222 Dennison st

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto. Md Dec 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 to Dec 27 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj D Thompson M.D.

Address 1216 E. Caroline st

Date Dec 27 1907

Place of Burial Woodvale Church Md

Date Jan 4 1908

Undertaker John H Owens & Son

Address 1222 Dennison st

WM. J. C. DULANY CO., BALTIMORE

2 85

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 8019 — Registered No. B C 8019

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 402 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Klima

{Residence, if in Baltimore, Give Street and Number.} 402 N. Duncan Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Klima

BIRTHPLACE OF FATHER (State or country): Boben

MAIDEN NAME OF MOTHER: Kathie Swanek

BIRTHPLACE OF MOTHER (State or country): Boberna

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Klima

(Address) 402 N. Duncan St

Filed 1/3 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Dec 31 1907

that I last saw him alive on Dec 31 1907,

and that death occurred, on the date stated above, at 10-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal

Pneumonia

(DURATION) 31 DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) Geo F Taylor M.D.

Address 1254 N. Bond

Date Jan 3 1908

Place of Burial Holy Redeemer

Date Jan 4 1908

Undertaker Jerome G. M. Enoch

Address 904 Gilmor

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

C 8020

C 8020 Registered No. B 54

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 S. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Studinski

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 26 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: December 29th 1846

AGE: 61 years, months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Josef Studinski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosalia Studinski

(Address) 728 S. Durham St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 2d 1908

I HEREBY CERTIFY, That I attended deceased from December 29 1907 to December 29 1907 that I last saw him alive on December 29 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apnea (DURATION) 10 DAYS

Contributory (Primary.) Pernicious Anemia (DURATION) 20 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Durham St

Date January 3d 1908

Place of Burial St Stanislaus,

Date Saturday Jan 4" 1908

Undertaker M. F. Sadowski

Address 703 S. Conn. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 8021 — Registered No. B C 8021

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 N Dunbar St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Henry C and Lana Johnson

{Residence, if in Baltimore, Give Street and Number.} 425 N Dunbar St City

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Jan 1 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Henry C Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lana Russell

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C Johnson

(Address) 425 N Dunbar St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 2 1908 that I last saw h im alive on Jan 2 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. V. Mace M.D.

Address Rossville Md

Date Jan 3 1908

Place of Burial Woodlawn Balto Co Md

Date Jan 3rd

Undertaker Henry C. Lassahn Jr.

Address Fullerton Md

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 8022

City of Baltimore, (No. 209 W. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hugo J. H. Benton Brehm

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 15th (Month) (Day) 1846 (Year)
AGE	62 years, 7 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Nicholas Brehm
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna Johnson
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Brehm

(Address) 209 Hamburg St.

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1907 to Jan 2nd 1908 that I last saw h-- alive on Jan. 1st 1908, and that death occurred, on the date stated above, at 7 a m. The CAUSE OF DEATH was as follows:

Synovial Dropsy

Jan (DURATION) DAYS

Contributory Organic Heart Disease (DURATION) DAYS

(Signed) Silas Baldwin M. D.

Jan. 2nd 1908 (Address) 700 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	1/3 1908
UNDERTAKER	ADDRESS
Wm J Schilling	98 Poppleton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8023

Ward 4 — C 8023 — Registered No. B 150

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arena Taylor

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: June 1904

AGE: 3 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S—

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Taylor

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Minnie Taylor -

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home.

Filed 1/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 3, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1907 to Jan 2 1908 that I last saw h[illegible] alive on Jan 2 1908, and that death occurred, on the date stated above, at 2.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Ulcerative Stomatitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION)

(Signed) A. C. Gillis

Address 1519 N. Caroline

Date Jan - 3, 1908

Place of Burial Cathedral Cemetery

Date January 4th. 1908

Undertaker Felix F. Pye.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 8024 Registered No. B C 8024

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 559 Preestman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Murray

{ Residence, if in Baltimore, Give Street and Number. } 559 Preestman St.

Duration of Residence in Baltimore. all life - 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —— 1

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER ~~George~~ Harry Parker

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elyzie Gosaway

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin Murray

(Address) 559 Preestman

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2. 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1907 to Jan. 2 1908 that I last saw h er alive on Jan. 1 1908 and that death occurred, on the date stated above, at 9:35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enlargement of Heart

Sudden Failure (DURATION) ..... DAYS

Contributory (Primary.) Chronic Nephritis with failure in Compensation of Heart. (DURATION) 76 DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Caroy St

Date Jan. 9 1908.

Place of Burial Laurel

Date January 5th 1908

Undertaker R. A. Elliott

Address 506 Rutgers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 8025 Registered No. B C 8025 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 30 Marriott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin A. Thomas

{Residence, if in Baltimore, Give Street and Number.} 30 Marriott street

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: April 1872

AGE: 35 years, 6 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Thomas

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Young

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B Brothers

(Address) 428 Frederick Ave.

Filed 1/4 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan- 2nd 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

accidentally asphyxiated with illuminating gas while under influence of alcohol turned on Supposedly to Gas Stove

Contributory (Primary) Sudden (DURATION) DAYS

(Signed) Thos Jones M.D.

Address Coroners Office

Date Jan-3 1908

Place of Burial Mt Olivet

Date January 5th 1908

Undertaker Wm B Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 8026 Registered No. B C 8026

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 854 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Teighman

{Residence, if in Baltimore, Give Street and Number.} 854 Tyson St

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1816 1

AGE: 92 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Eastern Shore Md

FULL NAME OF FATHER: John Dennis

BIRTHPLACE OF FATHER (State or country): Eastern Shore Md

MAIDEN NAME OF MOTHER: Elizabeth Dennis

BIRTHPLACE OF MOTHER (State or country): Eastern Shore Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Teighman

(Address) 1124 Etting Street

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/2 1908

I HEREBY CERTIFY, That I attended deceased from 1/2 1908 to 1/1 1908 that I last saw her alive on 1/1 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility

(DURATION) 10 DAYS

Con'tributory (Primary.) Nephritis

(DURATION) some months DAYS

(Signed) A. Lee Ellis M.D.

Address 922 N. Eutaw St

Date 1/4 1908

Place of Burial Laurel Cemetery

Date Jan 6 1908

Undertaker J. Thos Owens & Son

Address 1226 Division St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

C 8027

Ward 20 Registered No. B C 8027

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1904 Ramsy St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catherine Ferguson

{Residence, if in Baltimore, Give Street and Number.} 1904 Ramsy St-

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 4 1907

AGE: 3 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Ferguson

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Bertha Isenhoff

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. Ferguson.

(Address) 1904 Ramsy St-

Filed 1/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec Jan 3d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1907 to Jan 3d 1908

that I last saw her alive on Jan 3d 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheritic Croup.

(DURATION) 5 DAYS

Con'ributory (Primary.) —

(DURATION) 7 DAYS

(Signed) H W. Hebner M.D.

Address 723 N. Lombard St.

Date Jan. 3d 1908

Place of Burial Western Cemetery

Date Jan 4 1908

Undertaker Mrs Geo P. Paulus

Address 2101 Fredrick Ave

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 — C 8028 — Registered No. B C 8028

CERTIFICATE OF DEATH. 10

(Place of Death.) No. Medfield Place Fall Road - Hampden Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Anderson

{ Residence, if in Baltimore, Give Street and Number. } Medfield Place Falls Rd. + Hampden Lane

Duration of Residence in Baltimore. 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 2d 1908 / Oct 23rd 1840

AGE: 67 years, 2 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard Edmiles

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Anderson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Edw M Anderson

(Address 3612 Cedar Ave

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 2nd 1908, that I last saw her alive on Jan 2d 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe + Pleurisy
followed by Collapse

(DURATION) 10 DAYS

Contributory (Primary) debility of age 2 yrs
+ chronic Dyspepsia (DURATION) ? DAYS

(Signed) Wm H. F. Heuman M.D.

Address 608 1st Ave

Date Jan. 3rd 1908

Place of Burial Odenton Md

Date Jan. 5th 1908

Undertaker G. F. Walker

Address 723 W. Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8029

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8029

Registered No. B .....

City of Baltimore, (No. 2219 W Lexington St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Stag

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 2 (Day) 1837 (Year)

AGE: 71 yrs. 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Mc Abercrombergor

(Address) 2137 Vine St

Filed 1/4 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 3 1908 that I last saw h alive on Jan 3 1908, and that death occurred, on the date stated above, at 10.30 A.M. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

9 yrs (DURATION) DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) Joseph Weber M. D.

Jan 3 1908 (Address) 1901 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 4 1908

UNDERTAKER: M Jacob Eyer

ADDRESS: 1600 W North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 8030 — Registered No. B C 8030

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 820 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Feeney.

{Residence, if in Baltimore, Give Street and Number.} 820 N. Bond

Duration of Residence in Baltimore. 50 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Oct 30 1837

AGE: 70 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: J. McFeeney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt J Turner

(Address) 1742 W Baltimore

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 2 1908

I HEREBY CERTIFY, That I attended deceased from December 28th 1907 to January 2nd 1908

that I last saw her alive on January 2nd 1908

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Old Age

Acute Lobar Pneumonia (DURATION) 5 DAYS

Contributory (Primary.)

(Signed) Hallock A. Meyer M.D.

Address 1031 N. Caroline St.

Date January 2nd 1908

Place of Burial St. Patrick's

Date January 6 1908

Undertaker Robt J Turner

Address 1742 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8031 Registered No. B C 8031

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 945 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jona Hoyt.

{ Residence, if in Baltimore, Give Street and Number. } 2102 Oakland Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 3 1877

AGE 30 years, — months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thos W Gordon

BIRTHPLACE OF FATHER (State or country) Canada Eng

MAIDEN NAME OF MOTHER Mary A Gay.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gordon

(Address) 2102 Oakland Ave

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Dec 27 1907 that I last saw h alive on Dec 27 1907, and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Geo Dorsey M.D.

Address 1735 Edmondson

Date Jan 3 1908

Place of Burial Loudon Park

Date Jany 5 1908

Undertaker Robt J Turner

Address 1X42 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FI

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 8033 Registered No. B C 8033

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 315 Little Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Hipfler

{Residence, if in Baltimore, Give Street and Number.} 315 Little Green st

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 2 1826

AGE: 81 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Charles Hipfler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Hipfler

(Address) 515 Little Greene st.

Filed 1/14 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 3 1908

that I last saw h— alive on Jan 2 1908,

and that death occurred, on the date stated above, at 9.33 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edw Grempler M.D.

Address 515 Scott st

Date Jan 4 1908

Place of Burial Western Cemetery

Date January 6 1908

Undertaker Jos. Reardon & Son

Address 217 S. Poca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 8032

Ward 10 Registered No. B C 8032

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1409 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha L Ady.

{Residence, if in Baltimore, Give Street and Number.} 1409 E Preston St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Nov 3 1828

AGE 79 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Stafford Co Md

FULL NAME OF FATHER John R Price

BIRTHPLACE OF FATHER (State or country) Stafford Co.

MAIDEN NAME OF MOTHER Martha Tredway.

BIRTHPLACE OF MOTHER (State or country) Stafford Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice T Tredway.

(Address) 1409 E Preston St.

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1907 to Jan 2nd 1908 that I last saw her alive on Dec 30th 1907, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Valv. Endocarditis
myocarditis with
gradual Heart-Failure

(DURATION) — DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) J. Holmes Buell M.D.

Address 2846 St Paul St

Date Jan. 2nd 1908

Place of Burial Forest Hill Md

Date Jany 5 1908

Undertaker Robt T Turner

Address 1412 N. Pine.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 8034 Registered No. B C 8034

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 320 S. Castle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Ruley

{Residence, if in Baltimore, Give Street and Number.} 320 S. Castle St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 14th 1876

AGE: 36 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Mr Benty

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo Ruley

(Address) 320 S Castle St

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1907 to Jan 3, 1908 that I last saw h[illegible] alive on Jan 3, 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature], M.D.,

Address 1111 S. Division Ave

Date Jan 3, 1908

Place of Burial Mount Carmel

Date Jan 6th 1908

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 8035

Ward 5th

C 8035

Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1509 Bank St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Rave

{Residence, if in Baltimore, Give Street and Number.} 1509 Bank St

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 17 1834

AGE: 73 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): .. ..

MAIDEN NAME OF MOTHER: .. ..

BIRTHPLACE OF MOTHER (State or country): .. -

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr H Rave

(Address) 1509 Bank St.

Filed 1/4 1908

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Jan 1st 1908

that I last saw h[illegible] alive on Jan 1st 1908

and that death occurred, on the date stated above, at 1[illegible] 40 P M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion (DURATION) DAYS

Con ributory (Primary.) Val Disease Heart (DURATION) DAYS

(Signed) C. H. Atkey M.D.

Address 2 Linden Ave

Date Jan 3rd 1908

Place of Burial 5th Reformed Cem

Date Jan 5th 1908

Undertaker H Nicolaus & Son

Address 1820 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 19 C 8036 Registered No. B C 8036

CERTIFICATE OF DEATH. 108

(Place of Death.) No. 847 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Bailey

{ Residence, if in Baltimore, Give Street and Number. } 847 Pierce St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH 1

AGE 3 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Louis Bailey

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Judie Steward

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bailey

(Address) 849 Pierce St

Filed 1/4 1908 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 1 1908

that I last saw h alive on Jan 1 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute

Intestinal

Abstruction

(DURATION) 1 DAYS

Contributory (Primary.) Collapse

from (DURATION) DAYS

(Signed) W Norris M.D.

Address 939 Fayette

Date Jan 2 1908

Place of Burial Mt Auburn Cemetery

Date Jan 4 1908

Undertaker John H Goodwin

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8037

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8037

Registered No. B.....

City of Baltimore, (No. 214 N. Lee — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME [redacted] Nancy White

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR col

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE 95 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowa

BIRTHPLACE (State or country) Calline co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester

(Address) 214 N Lee St

Filed 1/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2nd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 30th 1907 to Jan. 2nd 1908

that I last saw her alive on Dec. 31st 1907,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

3 (DURATION) ..... DAYS

Contributory Influenza

(DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

Jan. 4th 1908 (Address) 1019 Dina Ville

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel

DATE OF BURIAL Jan 4 1908

UNDERTAKER John H Toadvine

ADDRESS 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 1154 C 8038 ~~C 8038~~ Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 773 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa Jackson

{Residence, if in Baltimore, Give Street and Number.} 773 W Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR col

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chapman Jackson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Benson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Jackson

(Address) center & Morgan sts

Filed 1/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27th 1907 to Jan 1st 1908 that I last saw h[illegible] alive on Jan 1st 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia
et Asthenia.

(DURATION) 8 DAYS

Contributory (Primary) La Grippe

(DURATION) DAYS

(Signed) John T McCauley M.D.

Address 856 W Franklin St

Date Jan 2nd 1908

Place of Burial Mt Auburn Cemetery

Date Jan 6 1908

Undertaker John F Jandrucis

Address 142 N Eutaw St

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C 8039

CERTIFICATE OF DEATH.

1904

(Place of Death.) No. 1214 John St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary A Dillon

{Residence, if in Baltimore, Give Street and Number.} 1214 John St.

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 4 — 6 — 1839

AGE 69 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER Wm Dill

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Susan Lauder

BIRTHPLACE OF MOTHER (State or country) do not Know

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John J Fahey

(Address) 1253 Williams

Filed Jan 4 1904 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3, 1904,

I HEREBY CERTIFY, That I attended deceased from Jan, 1904 to Jan. 3, 1904, that I last saw her alive on Dec. 26, 1903 and that death occurred, on the date stated above, at 7:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris 5 minutes (DURATION) DATE

Contributory (Primary) Aortic Stenosis 25 years (DURATION)

Dilated Heart

(Signed) [illegible] M.D.

Address [illegible]

Date Jan. 3, 1904

Place of Burial Choptank, Caroline Co Md

Date Jan 4th 1904

Undertaker John J Fahey

Address 1232 William St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8040 Registered No. B C 8040

CERTIFICATE OF DEATH. 34

(Place of Death.) No. 1801 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rudolf H Schultze

{Residence, if in Baltimore, Give Street and Number.} 1801 S Charles St

Duration of Residence in Baltimore. 2 0 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 3 1908

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Karl Schultze

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER don't Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Notions & Trappings

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Schultze

(Address) 1801 S Charles St

Filed Jan 4 1908 James Bosley MD Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to Jan 3 1908 that I last saw him alive on Jan 3 1908, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo A Straus M.D.

Address 420 Hanover St

Date Jan 4 - 1908

Place of Burial Crematorium London Park

Date Jan 5th 1908

Undertaker Geo Lewis Bastedian

Address 617 W Fraser St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 8041 — Registered No. B C 8041

CERTIFICATE OF DEATH.

(Place of Death.) No. 2437 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edw. L Hall

{Residence, if in Baltimore, Give Street and Number.} 2437 E Biddle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hall.

(Address) 2437 E Biddle

Filed Jun 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1907 to Jun 3rd 1907

that I last saw h— alive on " 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9.6. Biddle St

Date Jun 4th 1908

Place of Burial Balto Cem

Date Jun 6 1908

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21st

Registered No. B C 8042

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name N. M. Keeny

{ Residence, if in Baltimore, Give Street and Number. } Tolna Pa

Duration of Residence in Baltimore. 13 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1863

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Noah Keeny

(Address) Tolna Pa

Filed Jan 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Jan 4 1908

that I last saw h[illegible] alive on Jan 4 1908,

and that death occurred, on the date stated above, at 8 45 a m.

CAUSE OF DEATH (Secondary or Immediate)

Ex Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of Pancreas

(DURATION) DAYS

(Signed) Wm. Cohen M.D.

Address Md. Gen Hosp

Date Jan 4 1908

Place of Burial Tolna - Pa

Date Jan 4th 1908

Undertaker Wm H Gaultney

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 8043

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8043

Registered No. B.....

City of Baltimore, (No. 2002 Oakley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William O. McKelvin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1869 (Year)

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Joseph McKelvin

BIRTHPLACE OF FATHER (State or country): Easton Pa

MAIDEN NAME OF MOTHER: Mary Allen

BIRTHPLACE OF MOTHER (State or country): Easton Pa

OCCUPATION OF DECEASED: Hoisting Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno O Hatch

(Address) 2002 Oakley St

Filed Jan 4 1909

Registrar

Ecord

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 1st (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 23rd 1908 to Jan 1st 1909 that I last saw him alive on Dec. 31st 1908 and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 mos

Contributory Exhaustion

Heart Failure (DURATION) 2 DAYS

(Signed) Wm. Hinkelder M. D.

Jan. 2nd 1909 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Jan 5 1909

UNDERTAKER: Jno M. Gaulbert

ADDRESS: 901 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 8044 Registered No. B C 8044

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Schloer

{ Residence, if in Baltimore, Give Street and Number. } 1016 Stirling St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 14th 1906

AGE 1 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph R. Schloer

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Catherine Fach

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph R. Schloer

(Address) 1016 Stirling St.

Filed Jan 4th 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3rd. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 28. 1907 to Jan. 3rd. 1908 that I last saw her alive on Jan. 3rd 1908, and that death occurred, on the date stated above, at 9.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemorrhage

(DURATION) 6 DAYS

Contributory (Primary.) Teething

(DURATION) 6 DAYS

(Signed) F. J. Febeck M.D.

Address 1001 Pennsylvania Ave.

Date Jan. 4. 1908 190

Place of Burial Holy Redeemer

Date Jan 8 190 8

Undertaker Henry Houck & Son

Address 1300 E Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 8375 Registered No. B 8046

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 South Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wesley Thackery

{Residence, if in Baltimore, Give Street and Number.} 240 South Bond St

Duration of Residence in Baltimore. 36 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	25 June 1852
AGE	55 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Robert Thackery
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah Potts
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Thackery

(Address) 240 S Bond St.

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 1908

I HEREBY CERTIFY, That I attended deceased from Year 1903 to January 1908 that I last saw him alive on January 2 1908 and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus Senilis

(DURATION) 4 Years

Contributory (Primary)

(DURATION) DAYS

(Signed) A H a Mayer M.D.

Address 1618 Madison

Date January 4 1908

Place of Burial Elk Neck Md

Date Jany 5 1908

Undertaker J Gibbons & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 8047 Registered No. B C 8047

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 Mc Collor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Gonny

{Residence, if in Baltimore, Give Street and Number.} 1109 Mc Collor St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 16 1835

AGE 72 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER Thos Cousa

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Helen Smith

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma A Ryan

(Address) 1109 Mc Collor St

Filed 1/4 1908

HARRY G. ANDRES
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 3rd 1908

that I last saw h[illegible] alive on Jan 3 1908,

and that death occurred, on the date stated above, at 12 10 A.M. CAUSE OF DEATH (Secondary or Immediate

Acute Angina

(DURATION) DAYS

Contributory (Primary) Lagrippe

(DURATION) DAYS

(Signed) C. A. Mayer M.D.

Address 438 N. Gilmor

Date Jany 4 1908

Place of Burial Friedrich Mk

Date Jan 6 1908

Undertaker Osborn

Address 1003 W Baltimore St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B 9016

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1502 Mulliken St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Florence Neal

{Residence, if in Baltimore, Give Street and Number.} 1502 Mulliken

Duration of Residence in Baltimore. 19 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B.

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) M S.

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) Tarboro N C

MAIDEN NAME OF MOTHER Laura Smith

BIRTHPLACE OF MOTHER (State or country) Tarboro N C

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Neal

(Address) 1502 Mulliken st

Filed 1/4 1908 CHAS. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroner

Date Jan 4-08 1908

Place of Burial Laural Cemetary

Date 6 January 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8048 C 8048 Registered No. B

CERTIFICATE OF DEATH.

10

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nora M. Dooley

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Boston Mass

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Esher

(Address) City Hospital

Filed Jan 4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 3 1908

that I last saw h e alive on Jan 3 1908

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia
& La Grippe

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) W H Fisher M.D.

Address Balto City Hosp.

Date Jan 3 1908

Place of Burial Roxbury Mass.

Date Jan. 4th 1907

Undertaker Wendell & Lipsett Co

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 8049

Ward 15 Registered No. B C 8049

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1549 N. Bruce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Ethel Mulligan

{Residence, if in Baltimore, Give Street and Number.} 1549 N. Bruce St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Nov. 3 1900

AGE 7 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Alexander Mulligan

BIRTHPLACE OF FATHER (State or country) Baltimore Co. Md

MAIDEN NAME OF MOTHER Sarah J. Worthington

BIRTHPLACE OF MOTHER (State or country) Pennsylvania.

OCCUPATION OF DECEASED None —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Mulligan

(Address) 1549 Bruce St

Filed 12 Jan 4 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 3. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1907 to Jany 3 1908

that I last saw h ed alive on Dec 30 1907, and that death occurred, on the date stated above, at 10-10 a M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) — DAYS

Contributory (Primary.) Chronic Gastritis

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 708 N. Fulton ave

Date Jany. 3 — 1908

Place of Burial Mt Auburn Cemetery

Date January 6 1908

Undertaker Felix B. Bye

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 8050

Ward 17

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James C. Young

{ Residence, if in Baltimore, Give Street and Number. } U. S. Marine Hospital.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 57 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Maine.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. P. Williamson

Address U.S. Marine Hospital

Filed Jan 4 1908

HARRY C. ARDREY, Recorder.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Jany 3 1908

that I last saw h im alive on Jany 3 1908.

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Brights disease Chronic

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. P. Williamson M.D.

Address U.S. Marine Hospital

Date Jany 3 1908

Place of Burial Evergreen Mass

Date Jan 4 1908

Undertaker H. G. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8051

C [redacted]

C 8051

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

108

CERTIFICATE OF DEATH.

C [redacted]

Registered No. B .....

City of Baltimore, (No. 1716, Morton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Dake

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: June (Month) - (Day) 1843 (Year)

AGE: 64 years, 5 months, - days

~~SINGLE~~ MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Not now

BIRTHPLACE OF FATHER (State or country): N Carolina

MAIDEN NAME OF MOTHER: Not none

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene P Cordell

(Address) 257 N Hoffman St

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1908 to ..... 190.....

that I last saw him alive on Jan. 3 1908,

and that death occurred, on the date stated above, at 1145 P. M. The CAUSE OF DEATH was as follows:

Strangulated Inguinal Hernia
[I only saw this man when he was Juleless & moribund].

(DURATION) 13 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Eugene P Cordell M. D.

1908 (Address) 257 N Hoffman St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Jan 5 1908

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17th

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 S. Schroeder St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary Ruth Rocke

{Residence, if in Baltimore, Give Street and Number.} 26 S Charles

Duration of Residence in Baltimore. Life

C 8052

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Carlton

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Lodge

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Emma C Kuedinger

(Address 3412 E Baltimore St

Filed 1/4 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 2 1908

that I last saw h[illegible] alive on Jan 2 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cr. Inst Nephritis

(DURATION) DAYS

Con'tributory (Primary.) Uremia

(DURATION) DAYS

(Signed) Joseph Carruthers M.D.

Address 2229 E Baltimore St

Date Jan 3 — 08 190

Place of Burial Greenmount CEMETERY.

Date JAN. 6 1908 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 7 C 8053 Registered No. B C 8053

CERTIFICATE OF DEATH.

19

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Campbell

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. J. P. Kenny

(Address) Pappleton & Hallein St

Filed 1/5 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18 1908 to Jan 4 1908

that I last saw h in alive on Jan 4 1908

and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. V. Eichelberger M.D.

Address City Hospital

Date Jan 4 1908

Place of Burial Middlesex Md

Date Jany 5th 1908

Undertaker John J. Cowan

Address 901 N. Paca St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14th

C 8054

Registered No. Bad 8

C 8054

14

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Baker

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City Md

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) dont know

OCCUPATION OF DECEASED Justice of the Peace

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L A Hillsinger

(Address) Ellicott City

Filed 1/5 1908

HARRY C. ARDINGER, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to Jan 4 1908 that I last saw him alive on Jan 4 1908 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer in asthenia

(DURATION) DAYS

Con'tributory (Primary.) Amoebic Dysentery

Mitral insufficiency (DURATION) 4 Mo-

(Signed) J. H. Lee M.D.

Address University Hospital

Date Jan 5 1908

Place of Burial St Johns Cemetery Howard Co.

Date Jany 6th 1908

Undertaker L. Hillsinger & Son

Address Ellicott City Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8055 Registered No. B C 8055

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. Sothoron (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothea Odenheimer

{Residence, if in Baltimore, Give Street and Number.} Jessup Md.

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 10th 1892

AGE: 15 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: F. G. Odenheimer

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Cordelia Powell

BIRTHPLACE OF MOTHER (State or country): Middleburg Va.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Clarence Cottman

(Address) S. W. Biddle St

Filed 1/5 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1908 to Jan 4 1908

that I last saw h e alive on Jan 4 1908

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate.)

Appendicitis & Peritonitis

(DURATION) 8 DAYS

Contributory (Primary.) Septic Sore throat

(DURATION) — DAYS

(Signed) W W Baker M.D.

Address Bath City Hospital

Date Jan 4 1908

Place of Burial Greenmount

Date Jany 5th 1908

Undertaker W. H. Jenkins Sons Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. B C 8056

78

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Esther Rosenberg

{ Residence, if in Baltimore, Give Street and Number. } 314 S Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 9 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Isaac Rosenberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Celie Freeman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Rosenberg

(Address) 314 S Bond st

Filed 1/5 1908 HARRY C. ADDRESS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 3rd 1908 that I last saw her alive on Jan 3rd 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) — DAYS

Contributory (Primary.) Chorea

(DURATION) — DAYS

(Signed) Edward Bagby Jr. M.D.

Address Hebrew Hospital

Date Jan 5th 1908

Place of Burial Roandale Cemetery

Date January 5 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

C 8057

Registered No. B.....

Registered No. D.....

City of Baltimore, (No. 12, S. Shrine St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Higgen

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH — (Month) — (Day) 1880 (Year)

AGE about 28 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Shmarya Higgen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Wife of John

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Cigarmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Higgen

Address 614 S. Broadway

Filed 1/5 1908

HARRY C. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 4 1908 that I last saw him alive on Jan 4 1908, and that death occurred, on the date stated above, at 11 a.m. The CAUSE OF DEATH was as follows:

Mitral insufficiency

2 years (DURATION) — DAYS

Contributory Cardiac failure

(DURATION) ... DAYS

(Signed) L Reich M. D.

Jan 4 1908 (Address) 1502 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Adonia Hebrew Cemetery

DATE OF BURIAL Jan 5 1908

UNDERTAKER Max Limmer

ADDRESS 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause*** and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 8058 Registered No. B C 8058 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1836 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine McDonald

{ Residence, if in Baltimore, Give Street and Number. } 1836 W Saratoga St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow 7.30.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Fitzpatrick

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Fitzpatrick

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McDonald

(Address) 1836 W Saratoga St

Filed 1/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 3" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 3 1908

that I last saw h ee alive on Jan 3 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Hypostatic

(DURATION) 1 DAYS

Contributory (Primary)

Cerebral Hemorrh (DURATION) 2 DAYS

(Signed) Howard Kahn M.D.

Address 1902 Edmondson Ave

Date 1/4 1908

Place of Burial Cathedral Cemetery

Date Jan 6th 1908

Undertaker John J Cowan

Address 961 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 8059 — Registered No. B C 8059

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 418 N. Duncan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis J. Straka

{ Residence, if in Baltimore, Give Street and Number. } 418 N. Duncan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank J. Straka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary K Slezak

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary G. Straka

(Address) 418 N. Duncan Alley

Filed 1/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jan 4 1908

that I last saw h[illegible] alive on Jan 3 1908, 12

and that death occurred, on the date stated above, at A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Lifetime (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Gilmstedt M.D.

Address 913 Broadway

Date Jan 5 1908

Place of Burial Halethorpe

Date Jan 6 1908

Undertaker Wm. H. Mc Grath

Address 1407 Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 8060 Registered No. B C 8060 119

CERTIFICATE OF DEATH.

Place of Death.) No. 1503 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nettie Bass.

{Residence, if in Baltimore, Give Street and Number.} 1503 N. Fulton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: [illegible] 1908

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas. Bass

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Fay

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Addie Bass

Address 1503 Fulton Ave

Filed 1-5- 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 3° 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1° 1908 to Jany 3° 1908 that I last saw her alive on Jany 3 1908, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (~~Secondary or Immediate~~)

Acute Uremia

(DURATION) 5 DAYS

Contributory (~~Primary~~) Convulsions + Coma (DURATION) 1 hour

(Signed) Thomas J. Talbott. M.D.

Address 1701 Eutaw Place

Date Jany 5" 1908

Place of Burial Fells Point Hebrew Cem.

Date Jan 5 1908

Undertaker J. Ahrens & Co.

Address 754 N. Eutaw St.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8061 Registered No. B C 8061

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otho Paxton

{Residence, if in Baltimore, Give Street and Number.} 723 W Mulberry

Duration of Residence in Baltimore. Hops

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bek

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Robinson

(Address) 723 W Mulberry st

Filed 1/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 3 1908

that I last saw h alive on Jan 3 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acheromatous

Degenerat of

Stomach Abscess

5 yo (DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) 7 DAYS

(Signed) J Howard M.D.

Address 729 W Fayette

Date Jan 3 1908

Place of Burial Mt Agian Cemetery

Date Jan 5 1908

Undertaker R S Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, sex, **age**, *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore

Ward 13 C 8062 Registered No. B C 8062

5b

CERTIFICATE OF DEATH.

(Place of Death.) No. 2532 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry E Forwood

{Residence, if in Baltimore, Give Street and Number.} 2532 Druid Hill ave

Duration of Residence in Baltimore. All Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 17 1868

AGE 39 years, 10 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Reuben Forwood

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sidney P Scott

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Grace Barsford

(Address) 2830 Woodbrook Ave

Filed 1/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Jan 3 1908 that I last saw h[im] alive on Jan 3 1908 and that death occurred, on the date stated above, at 11.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) , DAYS

Contributory (Primary.) Strong drink

(DURATION) DAYS

(Signed) J. A. Melvin M.D.

Address 1303 W Lexington

Date Jan 4, 1908

Place of Burial Carroll Chapel Cem

Date Jan 6 1908

Undertaker F P Cook

Address 1003 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 4 — C 8063 — Registered No. B C 8063

CERTIFICATE OF DEATH. 56

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Billough

{Residence, if in Baltimore, Give Street and Number.} 664 W Fayette

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) England.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Piano tuner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos B Cook

(Address) 1003 W Balto St

Filed 1/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 4 1908 that I last saw him alive on Jan 4 1908 and that death occurred, on the date stated above, at 10.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

(DURATION) 3 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) W Baker M.D.

Address Balto City Hospitals

Date Jan 4 1908

Place of Burial New Cathedral

Date Jany 6 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

W.M. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 8064 Registered No. B C 8064

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick J. Egan

{ Residence, if in Baltimore, Give Street and Number. } 1706 Friendsbury Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1853

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Street sweeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Egan

Address 1706 Friendsbury Pl

Filed 1/5 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Stroke

(DURATION) DAYS

Contributory (Primary.) accidental

Injuries (DURATION) 2 DAYS

(Signed) Wm Boardman M.D.

Address 700 Lof. av. (Evening)

Date Jan. 4th 1908

Place of Burial St Peters Cem

Date Jany 6th 1908

Undertaker M Fahey & Sons

Address 606 Lafayette Av

(*Caused by wagon while at work)

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8065 Registered No. B C 8065

CERTIFICATE OF DEATH. 130

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Cora E. Knight

{ Residence, if in Baltimore, Give Street and Number. } 650 W. Franklin

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Samuel H. Hayt

BIRTHPLACE OF FATHER (State or country): West Va.

MAIDEN NAME OF MOTHER: Angeline Games

BIRTHPLACE OF MOTHER (State or country): West Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Letha Hart

(Address) New Martinsville W. Va

Filed 1/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jan 4 1908

that I last saw her alive on Jan 4 1908

and that death occurred, on the date stated above, at 9.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia follows
Suppression of Flow
Uremia.

(DURATION) 3 DAYS

Contributory (Primary) Ep[illegible]

Sepsis (DURATION) 3 DAYS

(Signed) Horace W. Nicholson M.D.

Address Balto City Hospital

Date Jan 4 1908

Place of Burial New Martinsville W. Va

Date Jan 5 1908

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 8066 Registered No. B C 8066

125

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel K. Deabright

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 1/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1907 to Jan 4 1908 that I last saw h[illegible] alive on Jan 4 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Hernia

(DURATION) DAYS

Contributory (Primary.) Hypertrophy of Prostate - Cystitis (DURATION) DAYS

(Signed) W. H. C. Bay M.D.

Address Bay View

Date Jan. 4 1908

Place of Burial Londen Park.

Date Jan 6 1907

Undertaker Lowbrook

Address 1006 Hanlan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8068

City of Baltimore, (No. 3404, Chestnut Ave Hampden, 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Van Lear Chaney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 27 (Day) 1866 (Year)

AGE: 41 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Elias N. Chaney

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nannie Van Lear Booth

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lillie M. Chaney

(Address) 3404 Chestnut Ave

Filed 1/5 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Jan 3 1908

that I last saw h[illegible] alive on Jan 3 1908,

and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

L. Griffe

(DURATION) 12 DAYS

Contributory Confluent Pneumonia

(DURATION) 2 DAYS

(Signed) R B. Norment M. D.

Jan 5 1908 (Address) 3543 Chestnut

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Jan 6. 1908

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 8067 Registered No. B C 8067

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2809 Frisby St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna D. Shetla

{ Residence, if in Baltimore, Give Street and Number. } 2809. Frisby St

Duration of Residence in Baltimore. 72 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: August 25th. 1835

AGE: 72 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Adam Lochboehler

BIRTHPLACE OF FATHER (State or country): Baden, Germany

MAIDEN NAME OF MOTHER: Maria Kirchner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Shetla

(Address) 2809. Frisby St.

Filed

190 HARRY C. J. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-4-08 190

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Jan 4 1908

that I last saw h alive on Jan 4 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Nephritis. (DURATION) 1yr. DAYS

(Signed) H W Anders M.D.

Address 2631 Mt. St.

Date 1/4/08 190

Place of Burial Holy Redeemer

Date January 6 h 1908 190

Undertaker Jos. M. Cashman

Address Lort & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8069

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

C 8069

Registered No. B .....

City of Baltimore, (No. 1708, John St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Ann Elliott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Welch

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Elliott

(Address) 1708 John St.

Filed 1-6-08 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 3d 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1908 to Jany 2d 1908 that I last saw her alive on Jany 2d 1908, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

She was taken ill on Jany 1st with slight fever, with extreme prostration, lasting until death occurred (DURATION) 2 DAYS

Contributory her advanced age. 81 years (DURATION) DAYS

(Signed) John A Pennington M. D.

Jany 4th 1908, (Address) The Marlborough

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Jany 5 1908.

UNDERTAKER: E. W. Mitchell ADDRESS: 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8070

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

91

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8070

City of Baltimore, (No. 1528, Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August (Month) 4 (Day) 1824 (Year)

AGE: 83 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Henry Harrison

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary Sunderland.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Eleanor Holland

(Address) 1528 Hollins St.

Filed 1/5 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan 3 1908

that I last saw her alive on Jan 3 1908

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

A Chronic Bronchitis.

By development Cahillary Bronchitis (DURATION) 2 DAYS

Contributory Senility and as mentioned C.B. (DURATION) DAYS

(Signed) B. S. French M. D.

Jan 3 1908 (Address) 1547 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jany. 6. 1908

UNDERTAKER: E. W. Mitchell

ADDRESS: 120 N. Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 24

C 8071

Registered No. B C 8071

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 E. Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Waronowicz

{Residence, if in Baltimore, Give Street and Number.} 1103 E. Fort Ave

Duration of Residence in Baltimore life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 17 Dec 1907

AGE: ... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Waronowicz

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Helen Swiatek

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John X Waronowicz mark

Address 1103 E. Fort Ave

Filed 1/5 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 Jan 1908

I HEREBY CERTIFY, That I attended deceased from 1 Jan 1908 to 5th Jan 1908

that I last saw her alive on 4th Jan 1908

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

DURATION) 18 DAYS

Contributory (Primary)

Exhaustion (DURATION) ... DAYS

(Signed) James Cooper M.D.

Address 1822 Hull St

Date 5 Jan 1908

Place of Burial St Stanislaus

Date Jan. 6th 1908

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 8072

Ward 7

• C 8072 Registered No. B

CERTIFICATE OF DEATH.

12

(Place of Death.) No. 1110 Warner St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Mason

{ Residence, if in Baltimore, Give Street and Number. } 1110 Warner St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Mason

(Address) 1110 Turner St

Filed 1/5 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 3rd /08 190

I HEREBY CERTIFY, That I attended deceased from 3 mos ago 190 to Jany 3rd /08 190

that I last saw her alive on Dec. 24th 1907,

and that death occurred, on the date stated above, at 10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Nephritis

3mos (DURATION) DAYS

Contributory (Primary) Uraemia

(DURATION) 1 DAYS

(Signed) C. D. Ellis M.D.

Address 915 Light St.

Date Jany. 4th /08 190

Place of Burial Mt Auburn Cem

Date Jan 5th 190 8

Undertaker C. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 8073 Registered No. B C 8073

CERTIFICATE OF DEATH. 28

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Goodman

{ Residence, if in Baltimore, Give Street and Number. } 1625 E Lombard st

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Elie Goodman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fagie Benjaiman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Goodman

(Address) 1625 E Lombard st

Filed 1/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 '07 1907 to Jan 4 1908

that I last saw him alive on Jan 4 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Tuberculosis meningitis

(DURATION) 10 DAYS

(Signed) Charles Bayley Jr. M.D.

Address Hebrew Hospital

Date Jan 5 1908

Place of Burial Woodlawn Cemetery

Date Jan 5, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, age, color, condition**, (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 8074 C [redacted] Registered No. B [redacted] C [redacted]

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1728 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva M Leech

{Residence, if in Baltimore, Give Street and Number.} 1728 McCulloh

Duration of Residence in Baltimore. 1 Month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Martin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: \

BIRTHPLACE OF MOTHER (State or country): \

OCCUPATION OF DECEASED: \

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno J. Leech

(Address) 1728 McCulloh

Filed 1/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3d 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 3d 1908 that I last saw h[illegible] alive on Jan 3 1908 and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Con'tributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) C. K. Jump M.D.

Address 1415 Madison Av

Date 190

Place of Burial Woodside Prince Geo Co Md

Date Jan 6/1908 190

Undertaker Wm Cook & Son

Address 2505 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 8075

Ward 20 C 8075 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 Kossuth St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Francis McCall

{Residence, if in Baltimore, Give Street and Number.} 8 Kossuth St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 18 1906

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Patrick McCall

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Quinn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick McCall

(Address) 8 Kossuth St

Filed Jan 5th 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to January 5 1908 that I last saw him alive on January 4 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis (DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Howard W Jones M.D.

Address Irving Ter

Date January 6 1908

Place of Burial New Cathedral Cem

Date Jan: 6th 1908

Undertaker C. W. Dill

Address 810 Fredk: ave:

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 8076 Registered No. B C 8076

69

CERTIFICATE OF DEATH.

(Place of Death.) No. 1933 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A. Gawthrop

{Residence, if in Baltimore, Give Street and Number.} 1933 Harlem ave (Gawthrop)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Dec 2 1847

AGE: 60 years, 1 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jas F Frazier

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Rachael A Shepherd

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred S Gawthrope

(Address) 1933 Harlem Ave

Filed 1/6 1908 HARRY C. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 4th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

Pneumonia (DURATION) ..... DAYS

Contributory (Primary.) Epilepsy

(DURATION) ..... DAYS

(Signed) Wm Backman M.D.

Address 700 Log. av. Govans

Date Jan. 4th 1907

Place of Burial London Park

Date Jany 7 1908

Undertaker Jno B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8077 Registered No. B C 8077

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 615 W. Mosh St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elmer E Wolfe

{Residence, if in Baltimore, Give Street and Number.} 615 Mosh St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 21 1907

AGE — years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Peter J. Wolfe

BIRTHPLACE OF FATHER (State or country) Baltimore Co. Md

MAIDEN NAME OF MOTHER Mary R. Anderson

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter J. Wolfe

(Address) 615 W. Mosh St.

Filed 1/6 1908 HARRY C. ARDEES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1907 to January 3rd 1908 that I last saw her alive on January 3 1908, and that death occurred, on the date stated above, at 2:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 13 DAYS

Contributory (Primary.) Unknown

(DURATION) — DAYS

(Signed) H. K. Tiley M.D.

Address 624 N. Carey St.

Date January 4th 1908

Place of Burial London Park

Date Jan 6 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 8078 Registered No. B C 8078

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 536 N. Barre st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Ann Bullock.

{ Residence, if in Baltimore, Give Street and Number. } 536 Barre st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 28 1825

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jode Sindall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ann Maria Blifford

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sarah C Bullock

(Address) 536 W Barre St

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 3 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1907 to Jan 3 1908

that I last saw h.. alive on Jan 3 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) ..... DAYS

Contributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N La Fayette

Date Jan. 4. 1908

Place of Burial London Park

Date Jan 7 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8079

City of Baltimore, (No. 783 W Pitts St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Dove

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1851 (Year)

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Albany N.Y.

FULL NAME OF FATHER: J MacMiller

BIRTHPLACE OF FATHER (State or country): N Y

MAIDEN NAME OF MOTHER: Mary ?

BIRTHPLACE OF MOTHER (State or country): N.Y.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos A Dove

(Address) 1114 Greenmount Ave

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from January 2nd 1908 to January 3 1908 that I last saw h alive on Jan 3rd 1908, and that death occurred, on the date stated above, at 5 00 P.M. The CAUSE OF DEATH was as follows:

Chron Interstitial Nephritis 2 years ?

..... (DURATION) ..... DAYS

Contributory Uraemic Convulsions

Cardiac Hypertrophy (DURATION) 1 DAYS

(Signed) E B Merriman M. D.

Jan 3rd 1908 (Address) 6 E Columbus

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 6 1908

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8080

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8080

City of Baltimore, (No. 1620 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wh

DATE OF BIRTH: Dec 16 1836 (Month) (Day) (Year)

AGE: 71 years, months, 20 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Phillips

BIRTHPLACE OF FATHER (State or country): Del

MAIDEN NAME OF MOTHER: Ann Brown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jesse Phillips

(Address) 1620 W Mulberry St

Filed 1/6 1908

HARRY C. ANDERSON, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 5th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 3d 1908 to Jan 5th 1908 that I last saw him alive on Jan 5th 1908, and that death occurred, on the date stated above, at 7.15 A. M. The CAUSE OF DEATH was as follows:

Pneumonia (Lobar)

(Collapse)

(DURATION) 1 Da. 8 hrs

Contributory Organic heart disease Valvular (Tricuspid) (DURATION) about 2½ years

(Signed) Edw. Plummer M. D.

Jan 5 1908 (Address) 539 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Jan 7 1908

UNDERTAKER: Jos. B. Cook

ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 8031 — Registered No. B C 8081

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Fitzpatrick

{Residence, if in Baltimore, Give Street and Number.} 1623 N. Pratt St.

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 1847

AGE: 60 years, 5 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Owen Devine

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Fitzpatrick

(Address) 1623 N Pratt St

Filed 1/6 1908 HARRY C. ARDINGS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Jan 5 1908 that I last saw her alive on Jan 5 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Grippe

(DURATION) 7 DAYS

(Signed) Harry Boyd M.D.

Address 62 Columbia

Date Jan 5 1908

Place of Burial New Cathedral

Date Wednesday Jany 8 1908

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8082

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8082

City of Baltimore, (No. 38, S. Fulton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma A. Godman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 10 (Day) 1836 (Year)

AGE: 71 years, 1 months, 25 days

~~SINGLE, MARRIED~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Geo H. Bell

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Clark

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Abbott

(Address) 38 S. Fulton Ave

Filed 1/6 1908

HENRY C. ADKINS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jany 4 1908 that I last saw h.. alive on Jany 4 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Nephritis Uraemia

(DURATION) 5 DAYS

Contributory Valvular disease of Heart (DURATION) ..... DAYS

(Signed) J. L. Draper M.D.

Jan 5 1908 (Address) 2202 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 7 1908

UNDERTAKER: Jos. B. Cook — ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause

Ward 18 Registered No. B C 8083

C 8083

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019. Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Lillian Spence

{Residence, if in Baltimore, Give Street and Number.} 1019. Harmony Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Spence

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Ross

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Ross

(Address) 1019 Harmony Lane

Filed 1/6 1908 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 11.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Her clothes was accidentally set on fire she and her brother Eddie were playing with coal oil Burns (DURATION) 10 days

Con'tributory (Primary) Burns (DURATION) DAYS

(Signed) Thomas Jones M.D.
Consulting

Address

Date Jan 5 1908

Place of Burial Mt Auburn Cemetery

Date Jan 6 1907

Undertaker R. H. Galliatt

Address 506 Park Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the **cause and date of death.**

C 8084

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18

CERTIFICATE OF DEATH.

Registered No. B C 8084

City of Baltimore, (No. 223, Lewis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. James

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaac H. James

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa A. Denby

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

(Address) 223 Lewis St

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1907 to Jan 4, 1908, that I last saw h[im] alive on Jan 2 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 25 DAYS

Contributory Erysipelas

(DURATION) 5 DAYS

(Signed) P. E. Lilly M. D.

Jan 5 1908 (Address) 201 Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Asbury Cem

DATE OF BURIAL: Jan 6 1907

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 8085 Registered No. B C 8085

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 1840 Mulford Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Kunkel

{ Residence, if in Baltimore, Give Street and Number. } 1840 Mulford Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Feb 11th 1907

AGE 2 years, 11 months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John H. Kunkel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Schram

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John H Kunkel

(Address) 1840 West Mulford Ave

Filed 1/6 1908 HARRY C. ALDERSON, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 1908

I HEREBY CERTIFY, That I attended deceased from January 2 1908 to January 3 1908 that I last saw him alive on January 3 1908 and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) W. C. Smith M.D.

Address 528 Hanover St

Date January 4 1908

Place of Burial Cedar Hill

Date Jan 6 1908

Undertaker Jas. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex,** [illegible] **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 8086 Registered No. B — C 8086

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CERTIFICATE OF DEATH.

(Place of Death.) No. 814 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Miller

{Residence, if in Baltimore, Give Street and Number.} 814 N. Gilmor

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 28th 1907
AGE	— years, 6 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Geo. Morris Miller
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Katie Loose
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Morris Miller

(Address) 814 N. Gilmor

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1908 to Jan 5th 1908

that I last saw him alive on Jan 4th 1908 12

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Fever + Convulsions

(DURATION) 3 1/2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas. A. Burbert M.D.

Address 1100 W. Lafy. Ave.

Date Jan. 5th 1908

Place of Burial St Pauls Cemetery Arcadia Balto Co. Md

Date Jan 7th 1908

Undertaker Geo. Weber

Address 1103 W. Lafy Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 8087

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8087

City of Baltimore, (No. 624 S. Bradford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Coppersmith

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July (Month) 27 (Day) 1889 (Year)
AGE	18 years, 5 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	New York
FULL NAME OF FATHER	Henry Coppersmith
BIRTHPLACE OF FATHER (State or country)	Penn.
MAIDEN NAME OF MOTHER	Carrie Rudolph
BIRTHPLACE OF MOTHER (State or country)	Pa
OCCUPATION OF DECEASED	Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Coppersmith

(Address) 624 S. Bradford

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1907 to Jan 3rd 1908, that I last saw h im alive on Jan 3rd 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Thos. H. Magness M. D.

Jan. 1908 (Address) 1526 E. Baltro St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Pauls Cemetry	Jan 6 1908
UNDERTAKER	ADDRESS
H. Sander's Sons	1708-1710 Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 8088

Registered No. B C 8088

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 E Pratt St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gleiner

{Residence, if in Baltimore, Give Street and Number.} 1743 E Pratt —

Duration of Residence in Baltimore. 55 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 3" 1820

AGE: 88 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Gleiner

(Address) 1743 E. Pratt St.

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 3 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 — 1908 to Jan 3 — 1908 that I last saw h— alive on Jan 3 1908, and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy —

12 hrs. (DURATION) DAYS

Contributory (Primary.) Coma —

12 hrs (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1258 Bolton

Date Jan — 3/ 1908

Place of Burial Holy Redeemer Cem

Date Jany 6" 1908

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Balto Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st

Registered No. B C 8089

C 8089

CERTIFICATE OF DEATH.

(Place of Death.) No. 2204 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Grasnick

{ Residence, if in Baltimore, Give Street and Number. } 2204 Gough St

Duration of Residence in Baltimore. 49 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 29th 1843

AGE: 64 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Hutt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Grasnick

(Address) 2204 Gough St.

Filed 1/6 1908

HARRY C. ANDREES, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 3 1908 that I last saw h[er] alive on Jan 2 1908, and that death occurred, on the date stated above, at 4th P. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe (DURATION) 8 DAYS

Contributory (Primary.)

Cardiac Extraction (DURATION) 1 DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date Jan 5 1908

Place of Burial St. Paul's Cem

Date Jany 6 1908

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto Sts and 1703-1710 Caston Avenue

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 8050 Registered No. B C 8050

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 1203 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. T. Purdam

{Residence, if in Baltimore, Give Street and Number.} 1203 Myrtle ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 4 1884

AGE: 23 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos G. Purdam

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Lewis

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Cheek

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Purdam

(Address) 1203 Myrtle ave

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1907 to Jan 4. 1907 that I last saw h[im] alive on Jan. 4 1907 and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 10 14. W. La Fayette

Date Jan 4. 1907

Place of Burial Loudon Park Cem

Date January 6 1908

Undertaker Wm J. Tickner & Son

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 8091 Registered No. B C 8091

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary A Malone

{Residence, if in Baltimore, Give Street and Number.} 409 Courtland st

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 3 1908 that I last saw h alive on Jan 3 1908 and that death occurred, on the date stated above, at 5.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) — DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W W Edelen M.D.

Address Balt City Hospital

Date Jan 4 — 1908

Place of Burial Baltimore Cemetery

Date Jan 6. 1908

Undertaker Wm Gunning Carroll

Address 1227 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 7 C 8092 Registered No. B C 8092

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 308 S. Washington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Krakau

{Residence, if in Baltimore, Give Street and Number.} 303 S. Washington St.

Duration of Residence in Baltimore. about 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 22 1845

AGE: 62 years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Aloysius Zeller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Leibford

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Justina Steidle

(Address) 127 N. Rose St.

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1907 to Jan 5, 1908

that I last saw h alive on Jan 4, 1908

and that death occurred, on the date stated above, at 8-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M.D.

Address

Date Jan 6 1908

Place of Burial Mount Carmel Cemetery

Date Jan. 8 1908

Undertaker Germanus Franz

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

Permission requested to remove remains to 2009 E. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 8093 — Registered No. B C 8093

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1209 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Jos. Redding

{Residence, if in Baltimore, Give Street and Number.} 1209 Greenmount Ave

Duration of Residence in Baltimore. ~~1909~~ 54 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 27 1

AGE: 76 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Redding

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine O'Donahue

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1209 Greenmount Ave

Filed 1/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Dr Dunton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Jan 4 1908

that I last saw h in alive on Jan 4 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) La Grippe

(DURATION) 9 DAYS

(Signed) James M Benton M.D.

Address 706 Chase St

Date Jan 4 1908

Place of Burial Cathedral

Date Jan 6 1908

Undertaker H. C. Winkfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 8094 Registered No. B C 8094

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 N. Gorks St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jas. E. Fisher

{Residence, if in Baltimore, Give Street and Number.} 113 N. Gorks St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colerd

DATE OF BIRTH: 1

AGE: 33 years, ~ months, ~ days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: married

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: geo u fisher

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: mary hebborn

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labarer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) geo U. fisher

(Address) 1136 Warner st

Filed 1/6 1908 HARRY G. ANDREES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Jan 3 1908, that I last saw h[illegible] alive on Jan 3 1908, and that death occurred, on the date stated above, at 4:00 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 378 Hanover St

Date Jan 3 1908

Place of Burial mt zion cemetery

Date Jan 6 1908

Undertaker John H Pearson

Address 1142 W Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 8095 Registered No. B — C 8095

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1718 h Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Thomas Hiserman

{Residence, if in Baltimore, Give Street and Number.} 618 h Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 19th 1843

AGE: 64 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Hiserman

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Fannie Patton

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Hiserman

(Address) 1718 h Broadway

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Jan 4. 1908

that I last saw h. alive on Jan 4 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or immediate.)

Chronic Nephritis

1 Year (DURATION) DAYS

Con'ributory (Primary.)

Endocarditis (DURATION) 60 DAYS

(Signed) John T Cuvery M.D.

Address 1823 h Broadway

Date January 5th 1908

Place of Burial Interment

Date Jany 6 1908

Undertaker Robt T Turner

Address 1424 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8096

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

C 8096

Registered No. B.....

City of Baltimore, (No. 214 N. Lee St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathaniel Dorsey

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 74 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER dont No

BIRTHPLACE OF FATHER (State or country) = = =

MAIDEN NAME OF MOTHER dont No

BIRTHPLACE OF MOTHER (State or country) = =

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) annie chester

(Address) 214 N Lee St

Filed 1/6 1908 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1907 to Dec. 30th 1908

that I last saw h in alive on Dec 30th 1908,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Paralysis

One year (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

Jan. 6th 1908 (Address) 1019 Dimon Hill Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Lurak cemt

DATE OF BURIAL Jan 6 1908

UNDERTAKER John H Jordan

ADDRESS 1428 Pitt

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 8097 — Registered No. B C 8097

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Daniel W. Rhodes

{Residence, if in Baltimore, Give Street and Number.} 210 Rockett

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B Pye

(Address) 102 E Hubbard St

Filed 1/6 1908

MARY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto. Jan 1. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 1 1908

that I last saw h alive on Jan 1 1908

and that death occurred, on the date stated above, at 9:52 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Benj. S. Hanlyn M.D.

Address 716 N. Caroline St

Date Jan. 2 1908.

Place of Burial Mt Auburn Cemetery

Date January 6 1908

Undertaker Felix B Pye

Address 102 E Hubbard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

30'

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 8098 — Registered No. B C 8098

CERTIFICATE OF DEATH.

(Place of Death.) No. 2432 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Presley Harry Shipley

{Residence, if in Baltimore, Give Street and Number.} 2432 E. Chase St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: April 21st 1906

AGE: 1 years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm. H. Shipley

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ida V. Gilbert

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Shipley

(Address) 2432 E Chase

Filed 1/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7th 1908

I HEREBY CERTIFY, That I attended deceased from December 190 to Jan 7th 190 8

that I last saw him alive on Jan 7th 190 8,

and that death occurred, on the date stated above, at 9:15 P. M. CAUSE OF DEATH (Secondary or Immediate

Meningitis probably tuberculous

(DURATION) 8 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 8 DAYS

(Signed) Albert D. Bingwalt M.D.

Address 1503 E. North Ave.

Date January 5th, 1908

Place of Burial Duke's Palace Bat. Co.

Date Jan. 7th 1908

Undertaker Jno & Jno John H. Tevis

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 8059 — Registered No. B C 8099 — 93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name John Bartlett

{ Residence, if in Baltimore, Give Street and Number. } 1114 Elizabeth Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: Aug 14th 1864	
AGE: 42 years, 5 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: James Bartlett	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Fannie Whitten	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Bartlett

(Address) 212 E. Hamburg st

Filed 1/6 1908 HARRY C. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Jan 3 1907 that I last saw h in alive on Jan 3 1907 and that death occurred, on the date stated above, at 11 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) DAYS

Con'ributory (Primary.) Lobar pneumonia (DURATION) DAYS

(Signed) J. T. Leigh M.D.

Address University Hospital

Date Jan. 6 1907

Place of Burial London Park Cem

Date Jan 6th 1907

Undertaker E. Schlumm & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

V 5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C 8100

City of Baltimore, (No. 1632 S Charles St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian E. Horton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: W

DATE OF BIRTH: Dec (Month) 18 (Day) 1907 (Year)

AGE: — years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Edw Horton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Thomas.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Horton

(Address) 1632 S Charles

Filed 1/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Jan 5 1908

that I last saw h[illegible] alive on Jan 4 1908,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Malnutrition.

(DURATION) 18 DAYS

Contributory Convulsions

(DURATION) 1 DAYS

(Signed) J. H. Cole. M. D.

Jan 5/ 1908 (Address) 730 N Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem | DATE OF BURIAL: Jan 6 1908

UNDERTAKER: E. Schlosser & Son | ADDRESS: 1529 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 8101 Registered No. B C 8101

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1214 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Henschen Jr

{Residence, if in Baltimore, Give Street and Number.} 1214 Hanover st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 9th 1903

AGE: 4 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John H. Henschen

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Agnes Zimmer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Henschen

(Address) 1214 Hanover st

Filed 1/6 1908 HENRY C. ANDREAS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan 5 1908

that I last saw him alive on Jan 5 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia & Kidney Lesion

6 Months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 831 Light St

Date Jan 6th 1908

Place of Burial Loudon Park Cem

Date Jan 7th 1908

Undertaker E. Sahlman & Son

Address 1529 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8103

10

C 8103

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Forest

C 8102

HEALTH DEPARTMENT, City of Baltimore.

C 8102

Ward 14 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 908 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Dimling

{ Residence, if in Baltimore, Give Street and Number. } 908 William St

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 10 1821

AGE 86 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER John Dimling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Dimling

(Address) 908 William St

Filed 1/6 1908

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Organic disease of the heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Lenhardt M.D.

Address Coroner

Date January 5 1908

Place of Burial Western Cem

Date Jan 8 1908

Undertaker E. Schloman & Son

Address 1039 Hanover st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

C 8103

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8103

Registered No. B .....

City of Baltimore, (No. 869 W Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie Viola Snyder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1890 (Month) 1 (Day) (Year)

AGE 17 years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Daniel W. Snyder

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Katie Rippenberger

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel W. Snyder

(Address) 869 W. Lexington St

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3rd 1908
(Month) January (Day) 3 (Year)

I HEREBY CERTIFY, That I attended deceased from: December 26th 1907 to January 3rd 1908 that I last saw her alive on January 3rd 1908, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

La Grippe, Complicated with Capillary Bronchites

(DURATION) 9 DAYS

Contributory Exposure & La Grippe

(DURATION) 9 DAYS

(Signed) P. S. Fiedler M. D.

January 3 1908 (Address) 205 N Fulton Ave:

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Jan 6 1908
UNDERTAKER	ADDRESS
Geo J Smith & Son	1 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 8104 — Registered No. B C 8104

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Harlem ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel E. Chaffinch.

{Residence, if in Baltimore, Give Street and Number.} 807 Harlem ave.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH Dec. 12- 1835

AGE 72 years, — months, 21 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Lewis Chaffinch

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Katherine Ross.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cigar Mfg.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Augustus Leonard

(Address) 807 Harlem Ave

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 3. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 14. 1907 to Jan 2 1908

that I last saw him alive on Jan 2 1908

and that death occurred, on the date stated above, at 9 40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Laryngeal Tuberculosis

?

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) L E Leonard M.D.

Address 609 W. Franklin

Date 1/4. 1908

Place of Burial Loraine Cemt.

Date January 6th 1908

Undertaker Wm. H. Gore

Address 1723 W. Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 8105 — Registered No. B C 8105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 Argyle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susie Johnson

{Residence, if in Baltimore, Give Street and Number.} 1017 Argyle Ave.

Duration of Residence in Baltimore. Twenty-two

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jackson Logue

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susie Jackson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Jackson

(Address) 1017 Argyle Ave

Filed 1/6 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 5 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 5 1908 that I last saw her alive on Jan 5 1908, and that death occurred, on the date stated above, at 2 1/2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

One year (DURATION) DAYS

Contributory (Primary) Exposure

— (DURATION) — DAYS

(Signed) E. D. Wheatley M.D.

Address 1230 S. Hill Ave

Date Jan 5 — 1908

Place of Burial St. Peters Cemetery

Date Jan 7" 1908

Undertaker Alex. Sc Cemetery

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and date of death.*** of the person deceased, and the ***cause***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 8106 — Registered No. B C 8106

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 14 N. Glover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ellen Steiner

{Residence, if in Baltimore, Give Street and Number.} 14 N. Glover st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH April 18/ 1877

AGE 30 years, 8 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas P. Koenig

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Annie Jurgens

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. M. C. Koenig

(Address) 12 N. Glover St

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Jan. 4 1908

that I last saw her alive on 1-3 1908,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Confession~~ Consumption

one yr (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) H. C. Deaver M.D.

Address 156 Hilton Ave

Date Jan. 4 1908

Place of Burial Holy Redeemer Cem.

Date Jan 8th 1908

Undertaker Kundell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 *Registered No. B* C 8107

C 8107

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1114 *St.* N. Port

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Bantz

{ Residence, if in Baltimore, Give Street and Number. } 1114 N. Port St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: 1

AGE: — years, 2 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John F. Bantz

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Stella Wise

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Bantz

(Address) 1114 N. Port St.

Filed 1/6 1908 HARRY C. ANDREWS, CIRCUIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ... and that death occurred, on the date stated above, at 8½ ... M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Sudden

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) Fredk Carrillon M.D.

Address Corner Mott

Date Jan 5 08. 190

Place of Burial Holy Trinity Cem.

Date Jan. 6" 190

Undertaker Randall Tippet & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 8108 — Registered No. B C 8108

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 Hofer st St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Katherine. E. Foeller

{ Residence, if in Baltimore, Give Street and Number. } 22 Hofer st Foeller

Duration of Residence in Baltimore. 49 Jars

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov 20 1839

AGE: 68 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Poca st

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to January 5 1908 that I last saw her alive on January 4 1908, and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 7 months DAYS

Contributory (Primary) asthenia

(DURATION) 14 DAYS

(Signed) Asa L. Wenck M.D.

Address 510 Frederick Ave

Date January 5 1908

Place of Burial Western Cem

Date Jan 8 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Poca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 8109

Ward 20 C 8109 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 4001 Massachusetts Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Schroen

{Residence, if in Baltimore, Give Street and Number.} 4001 Massachusetts Ave.

Duration of Residence in Baltimore. 46 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 4th 1836

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Dettmer

(Address) 4001 Massachusetts ave

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Jan 4 1908 that I last saw him alive on Jan 4 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 2 Days

Contributory (Primary) Gall Stone Disease (DURATION) 5 Years

(Signed) Howard W Jones M.D.

Address Irving Land

Date Jan. 6 1908

Place of Burial New Cathedral

Date Jan: 7th 1908

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 8110 — Registered No. B C 8110

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 Wellesley Street - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christopher Carl Julius Pauly.

{Residence, if in Baltimore, Give Street and Number.} 9 Wellesley Street.

Duration of Residence in Baltimore. 5

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 18- 1846

AGE: 61 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married -

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Robert Pauly -

BIRTHPLACE OF FATHER (State or country): Germany -

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Engineer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Matilda Pauly.

(Address) 9 Wellesley St -

Filed 1/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 5 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3- 1908 to Jan 5 1908 that I last saw h- alive on Jan 5 - 1908 and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 1 DAYS

Contributory (Primary) Pleurisy Primary

Arteris Sclerosis - (DURATION) - DAYS

(Signed) Geo W Mahle M.D.

Address 1923 W Baltimore Street

Date Jan 5 th - 1908

Place of Burial Loudon Park

Date Jan. 8 1908

Undertaker G. W. Dill

Address 810 Fredk. ave. Ext.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 8111 — Registered No. B C 8111 — 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Fawn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Rosen

{Residence, if in Baltimore, Give Street and Number.} 1013 Fawn st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 1st 1905

AGE 3 years, ✓ months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Hyman Rosen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Katie Nathanson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hyman Rosen

(Address) 1013 Fawn st.

Filed 1/6 1908 HENRY C. ANDREAE, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan. 5th 1908

that I last saw h er alive on ^ 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Meningitis

(DURATION) 3 DAYS

(Signed) J. L. Dennis M.D.

Address 1733 Bank st

Date Jan. 5th 1908

Place of Burial Helma Roandale Cemetry

Date Jan. 6, 1908.

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 8112 — Registered No. B C 8112

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1321 W. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Walter E. Hall

{Residence, if in Baltimore, Give Street and Number.} 1321 W. Fayette St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: Oct. 1st 1907

AGE: 1 year, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: Edwd E. Hall

BIRTHPLACE OF FATHER (State or country): N. J.

MAIDEN NAME OF MOTHER: Louisa Humisas

BIRTHPLACE OF MOTHER (State or country): Ithica N.J.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwd E. Hall

(Address) 1321 W. Fayette

Filed 1/6 1908 HARRY E. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 5th 1908

that I last saw h alive on Jan 4th 1908

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Congestion

& Asthenia.

(DURATION) 1 DAYS

Con'ributory (Primary.) Bronchitis

(DURATION) 4 DAYS

(Signed) John T. McCauley M.D.

Address 636 W Franklin St

Date Jan 6th 1908

Place of Burial Loudon Park

Date Dec. 6. 1908

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8113 Registered No. B C 8113

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1321 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Schmidtke

{ Residence, if in Baltimore, Give Street and Number. } 1321 Ashland Ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH January 24 1833

AGE 75 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) U

MAIDEN NAME OF MOTHER U

BIRTHPLACE OF MOTHER (State or country) U

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Johnson

(Address) 1321 Ashland Ave

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1908 to Jan 5 1908 that I last saw h[illegible] alive on Jan 5 1907, and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) — DAYS

(Signed) J. W. Frances M.D.

Address 1407 N Ray

Date Jan 5 1908

Place of Burial Immanuel Cemetary

Date Jan 7th 1908

Undertaker Christian Miller

Address 233 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 8114 — Registered No. B C 8114

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 N. Monroe St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Adam C. Hauds

{Residence, if in Baltimore, Give Street and Number.} 509 N. Monroe St.

Duration of Residence in Baltimore. 8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Dec 21 1852

AGE 56 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Hauds

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Hauds

(Address) 509 N Monroe

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 4 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Jany 4 1908 that I last saw him alive on Jany 3 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Rectum

(DURATION) 4 mths.

Con'ributory (Primary.) Acute Bronchitis and Asthenia (DURATION) 1 wk

(Signed) Henry C. Rice M.D.

Address 1203 N. Fayette St

Date Jany 4 1908

Place of Burial Druid Ridge Cem

Date Jany 6 1908

Undertaker W. F. Gutknecht Son

Address Carlton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 8115

Ward 22 C 8115 Registered No. B .64

CERTIFICATE OF DEATH.

(Place of Death.) No. 650 W. Barre St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lida V. Zoellner

{Residence, if in Baltimore, Give Street and Number.} 550 W. Barre St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 20 1863

AGE: 44 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltr. md

FULL NAME OF FATHER: Daniel Duffy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Murphy

BIRTHPLACE OF MOTHER (State or country): N. Y.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Zoellner

(Address) 550 W. Barre St.

Filed 1/6 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Jan 4 1908 that I last saw h[illegible] alive on Jan 3 1908 and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Con'tributory (Primary.) Cystanuria

(DURATION) DAYS

(Signed) L. M. Lemperine M.D.

Address 602 S Paca St.

Date Jan 6 1908

Place of Burial New Cathedral Cem

Date January 7 1908

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 8116 — Registered No. B C 8116

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 W. 26th St. Remington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachiel Elizabeth Redman

{Residence, if in Baltimore, Give Street and Number.} abov

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Dec 15th 1906

AGE: 1 years, 0 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Babe~~ Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Edgie Redman

BIRTHPLACE OF FATHER (State or country): Balto,

MAIDEN NAME OF MOTHER: Lilly Maij Justice

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac E. Redman

(Address) 405 W. 26th St.

Filed 1/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 5th 1908 that I last saw her alive on Jan 4th 1908 and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Pneumonia
+ Collapse

(DURATION) 10 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address Wm. H. Ford Iseman 800 12th ave

Date Jan 6th 1908

Place of Burial St. Marys Hampden

Date 3 PM Jan 7th 1908

Undertaker Wm E Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B C 8117

C 8117

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1912 Arlington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Parker

{ Residence, if in Baltimore, Give Street and Number. } 1912 Arlington St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Dec 1882

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jacob Rockensperger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Leckner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Parker

(Address) 1912 Arlington St

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Jan 4 1908

that I last saw h[illegible] alive on Jan 3 1908 15

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

7 (DURATION) Years DAYS

Contributory (Primary.) Pneumonia —

(DURATION) DAYS

(Signed) W. L. Gibney M.D.

Address 1731 E. Baltimore St

Date Jan. 5 1908. 190

Place of Burial New Cathedral

Date Jan 8 1908

Undertaker Wm. F. Schaeffer

Address 8. S. Front St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8118

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. BC 8118

City of Baltimore, (No. 2108, Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Louis Felgner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August (Month) 28 (Day) 1849 (Year)

AGE: 58 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frederick W. Felgner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Zink

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry B Dieckmann

(Address) 2148 Eutaw Place

Filed Jan 6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 22 1907 to Jan 4 1908 that I last saw h im alive on Jan 4 1908, and that death occurred, on the date stated above, at 3 15 A. M. The CAUSE OF DEATH was as follows:

Heart failure

(DURATION) DAYS

Contributory Chronic albuminuria

Several years (DURATION) DAYS

(Signed) Chas E. Sadtler M. D.

Jan 5 1908 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mt Cemetery | DATE OF BURIAL: Jany 7 1908

UNDERTAKER: Stewart & Howard | ADDRESS: 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 8119 — Registered No. B C 8119

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2643 West North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gustav Krug

{Residence, if in Baltimore, Give Street and Number.} 2643 West North Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 27. 1830

AGE: 77 years, 5 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Reutlingen Würtemberg Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Same

MAIDEN NAME OF MOTHER: Friederika Engel

BIRTHPLACE OF MOTHER (State or country): Same

OCCUPATION OF DECEASED: Ornamental Wrought Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo F. Krug

(Address) 809 N. Arlington Ave.

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 31st 1907 to Jan. 3rd 1908 that I last saw him alive on Jan. 3rd 1908 and that death occurred, on the date stated above, at 4 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Con'tributory (Primary) Bronchitis

(DURATION) 8 DAYS

(Signed) Robert Hoffman M.D.

Address 1325 Park Ave.

Date Jan. 4th 1908

Place of Burial London Park Cemetery

Date Jany 4th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 8120 — Registered No. B C 8120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 Wᶜ Donough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. E. McClenahan

{Residence, if in Baltimore, Give Street and Number.} 1024 Wᶜ Donough St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 20th 1830

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Reuben McClenahan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Matilda J. Hall

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth McClenahan

(Address) 1024 Wᶜ Donough St

Filed 1/6 1908 MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 4 1908

that I last saw h... alive on Jan 3 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Coma

Nephritis.

Several weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter W. White M.D.

Address 1101 N Bway

Date Jan 5th 1908

Place of Burial Greenmount Cem

Date 1/7/08 1908

Undertaker J Herwig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 8121 — Registered No. B C 8121

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2843 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Sleat

{Residence, if in Baltimore, Give Street and Number.} 2843 Huntingdon Ave

Duration of Residence in Baltimore. 80 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 15th August 1824

AGE 83 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Sleath

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Susana Sherry.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert J. Hulse

(Address) 2843 Huntingdon Ave

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Jan 1908

that I last saw her alive on Dec 30 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senile Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. O'Donovan M.D.

Address 10 E. Read St

Date Jan 5 1908

Place of Burial St Patrick's Cemetery

Date January 7 1908

Undertaker Henry H. Jenkins Sons Co

Address 300 N Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8122

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8122

City of Baltimore, (No. 1 , L. Stockton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Bl.

DATE OF BIRTH: Jan 1 1835 (Month) (Day) (Year)

AGE: 53 years, 1 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Carroll.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Jones.

(Address) 1 N. Stockton St

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 2 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan 2 1908 that I last saw h[im] alive on Jan 2 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis and senility

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) B. F. Tramel M. D.

Jan 2 1908 (Address) 154 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Annapolis Md — DATE OF BURIAL: Jan 6 1908

UNDERTAKER: R. A. Elliott — ADDRESS: 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 8123 — Registered No. B C 8123

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C Appel

{Residence, if in Baltimore, Give Street and Number.} 618 N. Washington

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Oct. 25 1834

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Appel

BIRTHPLACE OF FATHER (State or country) Ger.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Nizer

(Address) 618 N. Washington

Filed 1/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 4 1908

that I last saw h[im] alive on Jan 4 1908, and that death occurred, on the date stated above, at 11.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Contributory (Primary.) Cerebral Ap.

Pleurisy (DURATION) DAYS

(Signed) A. E. Rytina M.D.

Address 2204 E. Monument St

Date Jan 5 1908

Place of Burial Balto. Meth.

Date Jan. 7 1908

Undertaker Jos. J. Hess

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

City [illegible] given

SEX

DATE

AGE

SING... Wido...

BIRTH... (State...

FULL... OF F...

BIRTH... OF F... (State...

MAID... OF M...

BIRTH... OF M... (State...

OCCU... OF D...

THE... BEST...

(Infor...

Filed 1/7

15

C 8124

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

.91

CERTIFICATE OF DEATH.

Registered No. B C 8124

City of Baltimore, (No. 1812, Marwick Av. St.; ..... Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Margaret Hergel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. (Month) 21st (Day) 1841 (Year)

AGE 66 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Jacob Unger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mip Stephen

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margt. Hennrich

(Address) 1812 Marwick Av

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Fall. 1905 to Jany. 6 1908

that I last saw h er alive on Jany 5 1908,

and that death occurred, on the date stated above, at 6.30 A.M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

Several years (DURATION) ..... DAYS

Contributory Fr Senile Weakening

Mastitis (DURATION) one year DAYS

(Signed) E. A. Speck M. D.

Jany 6 1908 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan. 9 1908

UNDERTAKER H. Lander & Son

ADDRESS 1110 Cantaloupe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KODAK SAFETY FILM

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 8125

Registered No. B C 8125

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Hurwicz Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno F Crossdell

{Residence, if in Baltimore, Give Street and Number.} 1506 Ridgely St

Duration of Residence in Baltimore. 20 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Eliz Dilfer

BIRTHPLACE OF MOTHER (State or country) Eng.

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Crossdell

(Address) 1566 Ridgely St

Filed 1/6 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Lesions of Heart

(DURATION) DAYS

Contributory (Primary.) accident

Fracture of Leg. (DURATION) 27 DAYS

(Signed) A J Martin M.D.

Address Camden

Date Jan 6 1908.

Place of Burial Pownal. Vermont

Date January 6 1908

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 8126 Registered No. B C 8126

CERTIFICATE OF DEATH.

155

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Bruer

{Residence, if in Baltimore, Give Street and Number.} 220 Vincent St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Bruer

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman St

Filed 1/6 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto. Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

a Consumptive Person
Suicide

(DURATION) — DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1716 N. Gaulstone Ave

Date Jan 2nd 190 8

Place of Burial Mt Auburn

Date December 6 190 7

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C 8127 *Registered No.* **B** C 8127

CERTIFICATE OF DEATH. 78

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Isaiah Isaac Wilson

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Col.

DATE OF BIRTH 1

AGE 65 *years*, ... *months*, ... *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1907 to Jan. 2 1908

that I last saw h.. alive on Jan 2 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) .....

Contributory (Primary.) Ends-Curdetus

..... (DURATION) .....

(Signed) Robt P. Gray M.D.

Address Bay View

Date Jan. 2 1908

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Place of Burial.....

Date January 4th 1908

Undertaker William H Woodall

Address 1819 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

304

C 8128
A

72

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C 8128

Registered No. B .....

City of Baltimore, (No. 38, E. Hughes St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lizzie Boston

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH ..... (Month) (Day) 1838 (Year)	
AGE 72 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Unknown	
FULL NAME OF FATHER Unknown	
BIRTHPLACE OF FATHER (State or country) Unknown	
MAIDEN NAME OF MOTHER Unknown	
BIRTHPLACE OF MOTHER (State or country) Unknown	
OCCUPATION OF DECEASED Servant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Miller

(Address) 147 N. Hughes

Filed 1/6 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2nd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1908 to Jan 2nd 1908 that I last saw h.. alive on Jan 2nd 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 5 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Irvine R. Byrne M. D.

Jan 4th 1908 (Address) 1223 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	Jan 6 1908
UNDERTAKER	ADDRESS

Commissioner Health,
Per Wm. A. Woodall.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation, condition (whether married, single, widowed or divorced), of the person deceased, and the cause and date of death.

304

HEALTH DEPARTMENT, City of Baltimore.

Ward 20th. C 8129 Registered No. B C 8129

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Baby (Lulu) Hogans -

{Residence, if in Baltimore, Give Street and Number.} 516 N. Eden

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mall. COLOR: Black

DATE OF BIRTH: Jan 3rd 1908

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles Brett

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lulu Hogans

BIRTHPLACE OF MOTHER (State or country): N. Carolina

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 4 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1908 to Jan 4 1908 that I last saw h.. alive on Jan 2 1908, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm O Pancoast M.D.

Address Johns Hopkins Hosp.

Date Jan. 4th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 6 - 1908 190 —

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR A... PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ... given]

SEX

DATE

AGE

SING... WIDO...

BIRTH (State...

FULL... OF F...

BIRTH... OF F... (State...

MAID... OF M...

BIRTH... OF M... (State...

OCCU... OF D...

THE ... BEST ...

(Infor...

Filed 1/7

304

HEALTH DEPARTMENT, City of Baltimore.

Ward 10th - C 8130 Registered No. B C 8130

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Harris

{ Residence, if in Baltimore, Give Street and Number. } 234 N. Bradford

Duration of Residence in Baltimore... 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: Jan. 3 - 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): J. H. H.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Dora Harris

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 4 1908 that I last saw h-er alive on Jan 4 1908, and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

.....(DURATION)..... DAYS

Contributory (Primary.) .....

.....(DURATION)..... DAYS

(Signed) Wm O Pancoast M.D.

Address Johns Hopkins Hosp.

Date Jan 5th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 6 - 1908 190....

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., Baltimore.

FOR ANA... ...POSES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

304

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 8131 — Registered No. B C 8131 / 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 W Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dwight Ramsdell (Ramsdell)

{ Residence, if in Baltimore, Give Street and Number. } 715 W Lombard

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1907

I HEREBY CERTIFY, That I attended deceased from Asthma 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Difficulty due to old age.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.
Ennon

Address

Date Jan 3 1908

Place of Burial JOHNS HOPKINS HOSPITAL.

Date JAN 6 - 1908 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES.

WM. J. G. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2/5

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

303

HEALTH DEPARTMENT, City of Baltimore.

C 8132

Ward 4

C 8132 Registered No. B

41

CERTIFICATE OF DEATH.

(Place of Death.) No. Hutt Ave Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Williams

{Residence, if in Baltimore, Give Street and Number.} 700 W Saratoga St

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B.

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/6 1908

Registrar

HEALTH DEPT. BALTIMORE
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to Jan 2 1908

that I last saw h alive on Jan 2 1908

and that death occurred, on the date stated above, at 3 30 M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Rectum
Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Hypostatic Pneumonia

(DURATION) 3 DAYS

(Signed) H H Baker M.D.

Address Hutt Ave Hospital

Date Jan 6 1908

Place of Burial COLLEGE OF P. & S.

Date JAN 6 1908 190

Undertaker Commissioner Health,
Per. Wm E. WOODALL

Address

WM. J. C. DULANY CO., Baltimore.

JOHNS HOPKINS HOSPITAL

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 8133 — Registered No. B C 8133

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath & Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Henderson

{ Residence, if in Baltimore, Give Street and Number. } Lexington Room 100 N Fulton

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/6 1908 MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 5 1908

that I last saw him alive on Jan 5 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) W W Eade M.D.

Address Bath & Hospital

Date Jan 6 1908

Place of Burial COLLEGE OF P. & S.

Date JAN 6 - 1908

Undertaker Commissioner Health,
Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ... PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

30 30

HEALTH DEPARTMENT, City of Baltimore.

C 8134

Ward 4 Registered No. B C 8134

93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H. Hinder

{Residence, if in Baltimore, Give Street and Number.} 18 Pratt St N. City

Duration of Residence in Baltimore. 42 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~January~~ ~~4th~~ ~~1866~~

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robb, Brookes

(Address) 1204 W. Balto

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4th 1908

I HEREBY CERTIFY, That I attended deceased from January 2nd 1908 to January 4th 1908 that I last saw h[illegible] alive on Jan. 4 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia +

Respiratory Failure

..... (DURATION) 1 DAYS

Con'ributory (Primary.) Pneumonia

..... (DURATION) 8 DAYS

(Signed) J. H. Bird M.D.

Address University Hosp.

Date January 5 1907

Place of Burial Western cemetery

Date Jan 8th 1908

Undertaker Robb, Brookes & Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 8135 Registered No. B C 8135

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Griffith

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1825

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 1/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to 1908

that I last saw her alive on Jany 2 1908,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

unknown (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) F. H. Warner, M.D.

Address 1133 Valley st

Date Jany 4 1908

Place of Burial Harrisonville Baltic Co. Md

Date Jan 7th 1908

Undertaker Robb. Brookes & Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 8136

Ward 14 C 8136 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name (Norma) Norma Terrell

{Residence, if in Baltimore, Give Street and Number.} Montvale, Bedford Co., Va..

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): —

(Address): —

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1908 to Jan. 6, 1908 that I last saw h-r alive on Jan. 6, 1908, and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever

(DURATION) 10 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 10 DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Prot. Inf.

Date January 6, 1908.

Place of Burial Montvale Bedford Co Va

Date Jan 6th 1908

Undertaker Jos B Loomis

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of*** the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 8137 — Registered No. B C 8137

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 619 W Biddle Balto St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ella A. Shipley

{ Residence, if in Baltimore, Give Street and Number. } 619 W Biddle

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 30th 1865

AGE: 43 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia West

FULL NAME OF FATHER: Wm L. Stephens

BIRTHPLACE OF FATHER (State or country): West Virginia

MAIDEN NAME OF MOTHER: Susan R. Hamilton

BIRTHPLACE OF MOTHER (State or country): West Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie O. Gallagher

(Address) 619 W Biddle

Filed 1/16 1908 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Jan 5th 1908 that I last saw her alive on Jan 5th 1908, and that death occurred, on the date stated above, at 1:10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Samuel A Bain M.D.

Address 619 W Biddle

Date Jan 5th 1908

Place of Burial Mount Olivet Cemetery

Date Jan 7 1908

Undertaker McAndrew Rohde & Sons

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 4 — C 8138 Registered No. B C 8138

CERTIFICATE OF DEATH.

10

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Michael

{Residence, if in Baltimore, Give Street and Number.} Govanstown, Baltimore Co.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH 12 - 10 - 1853

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Indiana

FULL NAME OF FATHER Jacob Michel

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER do not know

BIRTHPLACE OF MOTHER (State or country) do not know

OCCUPATION OF DECEASED Expressman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John J Fahey

(Address) 1253 Williams

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Jan 5 1908

that I last saw h alive on Jan 4 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Multiple Sclerosis

two month (DURATION) DAYS

Contributory (Primary.) Pulmonary

Oedema (DURATION) 1 DAYS

(Signed) H. L. Kighlinger M.D.

Address St. Josephs Hospital

Date Jan 5 1908

Place of Burial Balto Cemetery

Date Jan 8 1908

Undertaker John J Fahey

Address 1232 Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8139

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12.0

CERTIFICATE OF DEATH.

Registered No. B C 8139

City of Baltimore, (No. 1713 Linden Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alois Kaiser

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cantor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugo Steiner (nephew)

(Address) 1713 Linden Ave

Filed 1/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1908 to Jan 5 1908 that I last saw h in alive on Jan 5 1908, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis
Cardiac Hypertrophy
8 Mos. (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Joseph Blum M. D.

Jan 6 1908 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greb Scholam Cemetery — DATE OF BURIAL: Jan 7 1908

UNDERTAKER: J. Ahrens & Co — ADDRESS: 754 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 8140 — Registered No. B C 8140

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2013 Oak St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wilson

{ Residence, if in Baltimore, Give Street and Number. } 2013 Oak St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: Jan 5 1908

AGE: ... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Barnett Walker

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susie Wilson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Laughlin Bagley MD

(Address) Guilford Ave & 20th St.

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 3 1908 to Jany 6 1908

that I last saw h[illegible] alive on Jany 6 1908,

and that death occurred, on the date stated above, at 4 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Lack of Vitality

and inability to take food.

on account of premature birth

(DURATION) 3 days

Contributory (Primary.) was brought on by living a short

(DURATION) 3 Days

(Signed) Laughlin Bagley M.D.

Address Guilford Ave & 20th St.

Date Jany 6/08

Place of Burial Laurel Cem

Date Jan 7 1908

Undertaker R A Elliott

Address 5-0 E Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C 8141 Registered No. B C 8141

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 420 E. 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Gordon

{Residence, if in Baltimore, Give Street and Number.} 420 E. 23rd St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: Nov. 4 1907

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Hattie Gordon

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O'Loughlon Barkley

(Address) Eastleford Ave Govans

Filed 1/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1907 to Jany 4 1908

that I last saw him alive on January 4 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Marasmus

Inanition.

Acute Bronchitis (DURATION) 60 DAYS

Contributory (Primary.) Atelectasis Pneumonia

Marasmus (DURATION) 60 DAYS

Exhaustion

(Signed) Clifford Barton M.D.

Address Loughton Bowley M.D.

Date Jan 8 1908

Place of Burial Laurel Cem

Date Jan 7 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 8142 *Registered No.* **B** C 8142

13

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace Browning

{ *Residence, if in Baltimore, Give Street and Number.* } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Wash. D.C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/6 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1907 to Jan 4 1908

that I last saw h alive on Jan 4 1908,

and that death occurred, on the date stated above, at 11.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Jan. 4 1908

Place of Burial Washington, D. C.

Date ~~Dec.~~ Jan. 6, 1908

Undertaker Henry W. Mears & Son

Address 805 N. Calvert St.

BAY VIEW ASYLUM Light Ward Surg.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 8143 — Registered No. B C 8143

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 810 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert W. Kassakatis

{Residence, if in Baltimore, Give Street and Number.} 810 N. Bond St

Duration of Residence in Baltimore. 35 yrs,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Feby. 27 1855

AGE: 53 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Kassakatis

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dorothy E. Kassakatis

(Address) 810 N. Bond St

Filed 1/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1908 to Jan 4th 1908

that I last saw h... alive on Jan. 3rd 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Several months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date Jan 5th 1908

Place of Burial Holy Redeemer Cem

Date Jan 7th 1908

Undertaker Geo. M. Frink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C 8144

Registered No. B C 8144

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 W. Lurhame St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Joe Hirt

{Residence, if in Baltimore, Give Street and Number.} 909 W Lurhame

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH

1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joe Hirt

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Ecenick

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Hirt

(Address) 909 W. Lurhame St

Filed 1/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 5 1908

that I last saw him alive on 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 9 DAYS

Contributory (Primary) Cardiac Asthma (DURATION) DAYS

(Signed) Wm J. Rykenck M.D.

Address 2008 Ashland Ave

Date 1/6 1908

Place of Burial Holy Redeemer Cem

Date Jan 8 1908

Undertaker Jerome & M. Grech

Address 1704 Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 8145 — Registered No. B C 8145

43

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Brown

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W.

DATE OF BIRTH 1

AGE 70 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ W

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER John Boyle

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 70 Courtney St

Filed 1/7 1908

HARRY C. ANDREWS, REGISTRAR, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 5 1908

that I last saw h alive on Jan 5 1908

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W H Sahm M.D.

Address Balto City Hospital

Date Jan 5 1908

Place of Burial Cathedral

Date Jan 7 1908

Undertaker H. C. Windefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 8146

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH. C 8146

Registered No. B.....

City of Baltimore, (No. 320 E Oliver 5 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME A. Beatrice O'Donnell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 1 1899
(Month) (Day) Year

AGE 8 years, 5 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick O'Donnell

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 320 E Oliver St

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1908 to Jan 5th 1908 that I last saw h.. alive on Jan 4th 1908, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 3 DAYS

Contributory Lagrippe

(DURATION) 3 DAYS

(Signed) Jno Bruce Boyle M. D.

Jan 6th 1908 (Address) 134 E. Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cathedral | DATE OF BURIAL Jan 7 1908

UNDERTAKER H. C. Friedfeld | ADDRESS 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 8147 — Registered No. B C 8147 92

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Cooke.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: Maryland 1

AGE: 2 years, months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home.

Filed 1/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1907 to Jan. 5 1908 that I last saw h/s alive on Jan. 5 1908, and that death occurred, on the date stated above, at 3.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Enteritis (DURATION) 15 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Jan. 6, 1908

Place of Burial Cathedral Cemetery

Date January 7th, 1908

Undertaker Felix B Pye.

Address 1026 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 8148

Ward 16 C 8148 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 Hopkins Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Cain

{Residence, if in Baltimore, Give Street and Number.} 1004 Hopkins Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH —— 1838

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Matthew Cain

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Cragle

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Corrigan

(Address) 1409 Argyle Ave

Filed 1/7" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th (Sunday) 1908

I HEREBY CERTIFY, That I attended deceased from July 12th 1907 to Jan 2nd 1908 that I last saw h en alive on Jan 2nd 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

This was advanced when first seen

(DURATION) DAYS

Contributory (Primary.) Respiratory Paralysis

Tubercle breaking into lung (DURATION) 7 DAYS

(Signed) O. P. Penning M.D.

Address 1711 St. Paul

Date Jan 6th 1908

Place of Burial St. Peters Cem

Date Jany 7th 1908

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 8149

C 8149

Ward 15 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 Lorman St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Brown

{Residence, if in Baltimore, Give Street and Number.} 1705 Lorman St

Duration of Residence in Baltimore. From birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 17th 1857

AGE: 50 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Connors

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Halpin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos McCracken

(Address) 1705 Lorman St

Filed 1/7" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

Eight hrs (DURATION) DAYS

Contributory (Primary.) Cancer

(DURATION) DAYS

(Signed) Isaac Hartman M.D.

Address Two Log. Ave (Canton)

Date Jan. 6th 1907

Place of Burial Mount Cathedral

Date Jan 7th 1908

Undertaker M. Faherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8150

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH. C 8150

Registered No. B.....

City of Baltimore, (No. 214 E. Girard ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Deliah Breckenridge

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) J (Day) 1 (Year)

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E. Breckenridge

(Address) 218 Girard Ave

Filed 1/7" 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1907 to Jan 4th 1908 that I last saw h[illegible] alive on Jan 4 1908, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Percy Chamberlain M. D.

1908 (Address) 1422 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Manchester Md

DATE OF BURIAL: Jany 7 1908

UNDERTAKER: John E Hough

ADDRESS: 1422 Pearre

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C 8151

Ward 11 C 8151 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1320 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Earnest Dowell

{Residence, if in Baltimore, Give Street and Number.} 1320 Linden ave

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 27th 1881

AGE 26 years, 7 months, 9 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Everett J Dowell

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Zelma L Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Assistant Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Palmo Dowell

(Address) Forest Park Forest Park City

Filed 1/7" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

for Removal to 1717 Park ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1908 to Jan. 6th 1908 that I last saw h in alive on Jan 6th 1908, and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) O. P. Hubbs. M.D.

Address 647 N Calhoun St

Date January 9th 1908

Place of Burial London Park Cemetery

Date Jany 9th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 8152

Ward ..... C 8152 *Registered No. B* .....

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barney Morgan

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Labors -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 1/7" 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1907 to Jan 6 1908

that I last saw h~~e~~ alive on Jan. 5 1908,

and that death occurred, on the date stated above, at 6-10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - Bronchial Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Jan. 6 1908

Place of Burial Sacred Heart

Date Jany 7" 1908

Undertaker Evans & Spencer

Address 1847 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 7 — C 8153 — Registered No. B C 8153

CERTIFICATE OF DEATH.

(Place of Death.) No. 1911 Clare St — St. — (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward Frank Lackner

{Residence, if in Baltimore, Give Street and Number.} 746 N. Patterson Park Ave

Duration of Residence in Baltimore. 21

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Jan 6 1864

AGE 43 years, 11 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Charles Lackner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina Fitzenwenker

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Assistant Barber Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wilhelmina Lackner

(Address) 746 N. Paterson P'K Ave

Filed 1/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible]

that I last saw h[illegible] alive on [illegible] 1908

and that death occurred, on the date stated above, at [illegible] P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) [illegible] DAYS

Contributory (Primary) Organic Heart Disease

(DURATION) [illegible] DAYS

(Signed) Edward Lantz M.D.
Coroner

Address [illegible]

Date Jan 6 1908

Place of Burial St Matthews

Date Jan 7 1908

Undertaker Jno J Bloom

Address 1003 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8154

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

21

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8154

City of Baltimore, (No. 1842 W. Balto St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jno. F. Kelley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 16 (Day) 1863 (Year)

AGE: 44 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Newtown, Conn.

FULL NAME OF FATHER: Bernard Kelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Keenan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Josephine M. Kelley

(Address) 1842 W. Balto St.

Filed 1/7 1908

HARRY C. ANDREWS, PERMIT CLERK and Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 5th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 27 1907 to Jan 5 1908

that I last saw h.. alive on Jan 5 1908,

and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH was as follows:

Intestinal Tuberculosis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Wm. Funck M.D. M.D.
DR. J. WM. FUNCK,

JAN 6 1908 190 (Address) 101 N. FULTON AVENUE

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Cathedral

DATE OF BURIAL: Jan 9 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C 8155 Registered No. B C 8155

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 2634 N. Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret P March

{Residence, if in Baltimore, Give Street and Number.} 2634 N. Charles St

Duration of Residence in Baltimore. - life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jan 6 1908

that I last saw her alive on Jan 5 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Grippe

(DURATION) 14

E Ezra

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 8156 — Registered No. B C 8156

CERTIFICATE OF DEATH.

(Place of Death.) No. 2306 E. Oliver St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Bremer Jr

{Residence, if in Baltimore, Give Street and Number.} 2306 E Oliver St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 2 1881

AGE: 26 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter Bremer Jr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Delie Fischer

BIRTHPLACE OF MOTHER (State or country): Holland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Bremer

(Address) 2306 E Oliver St

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 17 - 1907 to Jan. 5 - 1908

that I last saw h.. alive on Dec. 31 - 1907

and that death occurred, on the date stated above, at 8-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

9 months (DURATION) DAYS

Con'tributory (Primary.) ✓

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date January 6 - 1908

Place of Burial Western Cem

Date Jan 8 1908

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 8157 — Registered No. B C 8157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1325 N Gilmore St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Strawbridge

{Residence, if in Baltimore, Give Street and Number.} 1320 N Gilmore St

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 25 1885
AGE	19 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	York Co Pa
FULL NAME OF FATHER	Robert B Strawbridge
BIRTHPLACE OF FATHER (State or country)	York Co Pa
MAIDEN NAME OF MOTHER	Alice Smith
BIRTHPLACE OF MOTHER (State or country)	Carroll Co
OCCUPATION OF DECEASED	Telegraph Op

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice M Strawbridge

(Address) 1325 N. Gilmore St

Filed 1/7 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6 1905

I HEREBY CERTIFY, That I attended deceased from August 1907 to Jan. 8 1908 that I last saw him alive on Jan. 8 1908 and that death occurred, on the date stated above, at —M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) — DAYS

Con'tributory (Primary.)

Exhaustion (DURATION) — DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N La Fayette Ave

Date Jan. 8 1908

Place of Burial Strawbridge station York Co Pa

Date Jan 8/08 1908

Undertaker Wm Cook

Address 502 E Hoffman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPAR

Ward 9 — C

CERTIFICA

(Place of Death.) No. 2306 E. O

Full Name (

{Residence, if in Baltimore, Give Street and Number.} 23

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 2 1
AGE	26 years, 6 months, 3
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Peter Bremer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Delie Fischer
BIRTHPLACE OF MOTHER (State or country)	Holland
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Brem

(Address) 2306 E O live

Filed 1/7 190 8 HARRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 8158 Registered No. B C 8158

CERTIFICATE OF DEATH.

(Place of Death.) No. 337 Warren Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. W. Miller

{Residence, if in Baltimore, Give Street and Number.} 337 Warren Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	October 10 1859
AGE	48 years, 2 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Geo. W. Miller
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Margaret Foreman
BIRTHPLACE OF MOTHER (State or country)	— — — —
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Miller.

(Address) 337 Warren ave

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Jan. 4 1908, that I last saw h[illegible] alive on Jan. 3 1908, and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 24 hours.

Con'ributory (Primary.) Pulmonary Tuberculosis

(DURATION) 14 DAYS

(Signed) [signature] M.D.

Address 1412 Light St

Date Jan. 4th 1908

Place of Burial Druid Ridge Cem.

Date Jany. 7 1908

Undertaker D. Fen McCarthy

Address 396 S. Ford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

6

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 8159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9r

CERTIFICATE OF DEATH.

Registered No. B C 8159

City of Baltimore, (No. 129 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Melvan Johnson

BIRTHPLACE OF FATHER (State or country): Easton Shore

MAIDEN NAME OF MOTHER: Mary Chambers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabell Gray

(Address) 129 N Dallas St

Filed 1/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 12/21 1907 to 1-3 1908

that I last saw h ..... alive on 1/3 1908,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 6 DAYS

Contributory Cardiac Asthenia

(DURATION) ..... DAYS

(Signed) S. C. Katzoff M. D.

1-4 1908 (Address) 116 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Jan 7 1908

UNDERTAKER: John W Henderson

ADDRESS: 31 N Caroline

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the date of death,

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 8160 Registered No. B C 8160

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel G. Keirle Jr.

{Residence, if in Baltimore, Give Street and Number.} 1419 W. Lexington St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH June 24 - 1874

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Nathaniel G. Keirle Sr.

BIRTHPLACE OF FATHER (State or country) Balto. city

MAIDEN NAME OF MOTHER Mary E Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr N. G. Keirle Sr

(Address) 1419 W Lexington St

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1907 to Jan 5 1908 that I last saw h[illegible] alive on Jan 5 1908, and that death occurred, on the date stated above, at 5-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Grippe

(DURATION) 2 DAYS

(Signed) G W Mitchell M.D.

Address 913 N. Broadway

Date Balto. Jan 7 1908

Place of Burial Green Mount

Date Jan. 7 1908

Undertaker E M Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

C 8161

Registered No. B C 8161

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha L. Taylor

{Residence, if in Baltimore, Give Street and Number.} 1521 E Biddle st

Duration of Residence in Baltimore. 58 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 6th 1838

AGE 69 years, 11 months, 30 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Alexandria Va

FULL NAME OF FATHER William A. Davis

BIRTHPLACE OF FATHER (State or country) Charles Co Md

MAIDEN NAME OF MOTHER Catherine Cox

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ella Taylor

(Address) 1521 E Biddle st

Filed 1/7 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Jan 5 1908

that I last saw h-- alive on Jan 5 1908

and that death occurred, on the date stated above, at 9:25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 6 DAYS

Contributory (Primary.) La Grippe

(DURATION) 7 DAYS

(Signed) R G Davis M.D.

Address 1507 N Carlin

Date 190

Place of Burial Mt Olivet Cemetery

Date January 8th 1908

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 8162 — Registered No. B C 8162

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 32 E. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hyman Lewis

{Residence, if in Baltimore, Give Street and Number.} 32 E York St

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Don't know

AGE: 88 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Isaac Lewis ~~Deathman~~

BIRTHPLACE OF FATHER (State or country): Russia ~~Deathman~~

MAIDEN NAME OF MOTHER: Minnie Lewis ~~Deathman~~

BIRTHPLACE OF MOTHER (State or country): Russia ~~Deathman~~

OCCUPATION OF DECEASED: (Grocer) None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Friedman daughter

(Address) 32 E. York St

Filed 1/7 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at 3.30

M. CAUSE OF DEATH (Secondary or Immediate)

Suffocated by smoke

Burned about body

Accidental death

(DURATION) DAYS

Con'ributery (Primary)

(DURATION) DAYS

(Signed) Otto Meinhardt M.D.

Address Coroner

Date January 6 1908

Place of Burial Hebrew Cem Washington Rd

Date Jany 9. 1908

Undertaker Max Levinson

Address 1620 Mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 8163 — Registered No. B C 8163

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea Elizabeth Dixon

{Residence, if in Baltimore, Give Street and Number.} 1424 Ward —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH: Dec-13- 1907	
AGE: ..... years, ... months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	thomas dixon
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Laura dixon
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) thomas dixon

(Address) 1424 Ward St

Filed 1/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan-5 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 to Jan 5

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Lues of Cord

(DURATION) DAYS

Contributory (Primary) Congenital Debility

(DURATION) DAYS

(Signed) C Irvine Jones, M.D.
Coroner

Address

Date Jan-5 1908

Place of Burial Mt Auburn Cemetery

Date January 7 1908

Undertaker Wm H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C-8164

missing

Ward 4 C 8165 Registered No. B C 8165

CERTIFICATE OF DEATH.

(Place of Death.) No. 325 N Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Taylor

{Residence, if in Baltimore, Give Street and Number.} 325 N Calvert St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1834

AGE: 74 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel Taylor

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hannah Taylor

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Taylor

(Address) 2012 Kennedy Ave

Filed 1/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Chronic Case 190 to 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 216 E. Caroline St.

Date Jan. 6. 1908

Place of Burial Cathedral Cemetery

Date Jany. 8 1908

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C 8166

C 8166

CERTIFICATE OF DEATH.

Place of Death.) No. 2031 E. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida M. Fissel

{Residence, if in Baltimore, Give Street and Number.} 2031 E. North ave

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 13th 1887

AGE: 20 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Jefferson York Co Pa

FULL NAME OF FATHER: H J Fissel

BIRTHPLACE OF FATHER (State or country): Parma

MAIDEN NAME OF MOTHER: Kate Berthold

BIRTHPLACE OF MOTHER (State or country): Parma

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant H Fissel

Address 2031 E North ave

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1908

I HEREBY CERTIFY, That I attended deceased from January 1 1908 to January 6 1908 that I last saw her alive on January 6 1908, and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia and Tapenin

(DURATION) 6 DAYS

Contributory (Primary.) Grippe

(DURATION) X DAYS

(Signed) Hubert C. Knapp M.D.

Address 1714 E. Preston St

Date January 6 1908

Place of Burial Jefferson York Co Penna

Date Jan 8th 1908

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8167 Registered No. B C 8167

19

CERTIFICATE OF DEATH.

(Place of Death.) No. 2839 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Reinhardt

{Residence, if in Baltimore, Give Street and Number.} 2839 E. Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 23rd 1894

AGE: 13 years, 2 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S.

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: George Reinhardt

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Lizzie Borcheske

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Reinhardt

(Address) 2839 E. Fayette st

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 6th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 6 1908

that I last saw h[e] alive on Jan 3 1908,

and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

(DURATION) ? DAYS

Contributory (Primary.) Organic heart trouble (DURATION) ____ DAYS

(Signed) J W Preston M.D.

Address 1806 E Baltimore St

Date June 6 1908

Place of Burial St Abbinons Cemetary

Date January 9th 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 8168 Registered No. B C 8168 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 Asquith St. (Hebrew Friendly Inn and Aged Home) St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Hayem Shulman

{Residence, if in Baltimore, Give Street and Number.} 111 Asquith St

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 1831

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Samuel Shulman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Shulman

(Address) 1108 E. Fayette St

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th 1908

I HEREBY CERTIFY, That I attended deceased from 1901 to Jan. 6th 1908

that I last saw him alive on " 4 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

— (DURATION) — DAYS

Contributory (Primary) Senility (DURATION) DAYS

(Signed) Wm M. Savage M.D.

Address 1121 E Baltimore St.

Date Jan 6th 1908

Place of Burial Hebrew Roordale Cemetery

Date Jan 8 7, 1908

Undertaker Max Levinson

Address 1620 mc Elderry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8169

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8169

Registered No. B .....

City of Baltimore, (No. 19, N. Exeter St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Hittner

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: Jan (Month) 1 (Day) 1908 (Year)

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Abraham Hittner

BIRTHPLACE OF FATHER (State or country): New York city

MAIDEN NAME OF MOTHER: Lena Kazan

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. L. Hittner

(Address) 19 N. Exeter

Filed 1/7 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 7 1908 that I last saw h in alive on Jan 6 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

a congenital malformation resulting in icterus with pulmonary haemorrhages (DURATION) 6 DAYS

Contributory probably asphyxia from haemorrhage (DURATION) ..... DAYS

(Signed) J Cordis M. D.

Jan 7 1908 (Address) 1503 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale Cemetery

DATE OF BURIAL: Jan 7 1908

UNDERTAKER: Max Levinson

ADDRESS: 162 W. Lombard St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8170 Registered No. B C 8170

CERTIFICATE OF DEATH.

(Place of Death.) No. 2547 Canton Ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John H. Hines

{Residence, if in Baltimore, Give Street and Number.} 2547 Canton Ave.

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH Nov. 1839

AGE 68 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Hines

Address 2547 Canton ave.

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jan 4 1908

that I last saw him alive on Jan 4 1908

and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) — DAYS

Contributory (Primary) Oedema Pulmonalis (DURATION) 24 hrs DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton Ave

Date Jan 7 1908

Place of Burial Dark Town Cem.

Date January 7 1908

Undertaker John A. Moran

Address Bank & Amity Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8171 Registered No. B C 8171

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 N. Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann N Gantt

{Residence, if in Baltimore, Give Street and Number.} 313 N. Carrollton Ave

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: Nov 20 1835

AGE: 72 years, 1 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): A.A. Co. Md.

FULL NAME OF FATHER: Benj E Gantt

BIRTHPLACE OF FATHER (State or country): Anna A. Co Md.

MAIDEN NAME OF MOTHER: Ann Gantt

BIRTHPLACE OF MOTHER (State or country): Georgetown D C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cathrine F Gantt

(Address) 313 Carrollton Ave

Filed 1/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 6 1908 that I last saw h alive on Jan 2 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of heart

4 years. (DURATION) DAYS

Contributory (Primary.) Paralysis

from Disease (DURATION) DAYS

(Signed) John A Dean M.D.

Address 101 N. Carey St

Date 1-7-1908 190

Place of Burial Loudan Park

Date Jan 8 190 8

Undertaker E M Mitchell

Address 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8172 Registered No. B C 8172

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 N Ewington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth L Clark

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dont Know 1

AGE about 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER — Lloyd —

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Elizabeth Abram

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E J Mulholland

(Address) 724 N Ewington Ave.

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Jan 6th 1908 that I last saw h[illegible] alive on Jan 5th 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Grip - Bronchitis
with Cardiac
Failure

(DURATION) DAYS

Contributory (Primary.) Weak Heart

(DURATION) DAYS

(Signed) E J Mulholland M.D.

Address 115 N Franklin

Date Jan 6th 1908

Place of Burial New Cathedral

Date Jany 8th 1908 190

Undertaker Holdenkins Bros Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

C8173 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 W. Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 27

Full Name Ella Beile Sandler

{Residence, if in Baltimore, Give Street and Number.} 805 W. Lombard St

Duration of Residence in Baltimore. 22 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Gerson Stein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ella B. Stein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Sandler

(Address) 805 W. Lombard St.

Filed 1/7 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7th 1908

I HEREBY CERTIFY, That I attended deceased from June 1905 to Jan 6 1908

that I last saw h[illegible] alive on Jan 6 1908

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Maurice Lazenby M.D.

Address 721 W. North Ave

Date January 7th 1908

Place of Burial Hebrew Cem Washington Rd

Date Jan 7 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8178

GENERAL AFFIDAYIT. Balto. Times Union Print

State of Maryland, Baltimore, City to Wit;

BE IT REMEMBRED That on this 20th Day of Jan.
AD 1908 before the subscriber a Justice of the Peace
of the said State in and for the city aforesaid personally appeared
Joseph S Sandle

and made oath in due form of law that, he is the son of the late deceased Elka Baile Sandle and that upon her death he reported her age to be 45 Yrs 2 mo & 10 days since then he finds that he was mistaken at the time, and that her right age is 43 yrs. 7 months and 7 days.

Sworn to before me

Ward 5 C 8174 Registered No. B C 8174

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 423 S. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Murray.

{Residence, if in Baltimore, Give Street and Number.} 423 S. Central Ave.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1831

AGE: 77 years, 7 months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 423 S. Central Ave

Filed 1/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5" 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jan 5 1908

that I last saw h[illegible] alive on Jan 5 1908,

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

[illegible] Bronchitis

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Mountain M.D.

Address 16 E Bowdoin

Date Jan 7 1908

Place of Burial Cathedral Cemetery

Date Jany 8" 1908

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — Registered No. B C 8175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Cronhardt

{ Residence, if in Baltimore, Give Street and Number. } 1611 E. Baltimore St

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 30th 1828

AGE: 79 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: David Bullard

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Cronhardt

(Address) 1611 E. Balto. St.

Filed 1/7 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30th 1907 to January 5 1908

that I last saw her alive on Jany 4th 1908,

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 14 DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) Francis A. Sauer M.D.

Address 1400 Jefferson St

Date 190

Place of Burial London Park Cemetery

Date Jan. 7 190 8

Undertaker N. Lewis Dorn

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 4 C 8176 Registered No. B C 8176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Ploch

{Residence, if in Baltimore, Give Street and Number.} 1635 N Washington

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 14th 1832

AGE: 75 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Johann Ploch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaretha Hofman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Ploch

(Address) 1635 N. Washington St

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 5th 1908

that I last saw him alive on Jan 5 1908,

and that death occurred, on the date stated above, at 5 P. M.

CAUSE OF DEATH (Secondary or Immediate)

La Grippe

1 (DURATION) 5 DAYS

Contributory (Primary.) Old age (DURATION) DAYS

(Signed) Wm T Watson M.D.

Address 2128 St Paul

Date Jan 6th 1908

Place of Burial Mt. Carmel Cemetery

Date Jan 8 1908

Undertaker A. Condy & Son

Address 1711 Canton Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8177 Registered No. B C 8177

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 431 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Woods.

{Residence, if in Baltimore, Give Street and Number.} 431 S. Dallas

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1876

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: — Woods

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Anna Jasper

Address: 431 S. Dallas.

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1907 to Jan. 4th 1908

that I last saw h[illegible] alive on ... 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 3 DAYS

Contributory (Primary) Apoplexy

Immediate (DURATION) DAYS

(Signed) L. Winsor M.D.

Address 1735 Bank

Date Balto. Jan. 6th 1908

Place of Burial Loudon Park ✓

Date Jan 7th 1908

Undertaker Wm. J. Gladden

Address 421 Mulberry St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8178

Ward ..... C 8178 Registered No. B ..... C 8178

CERTIFICATE OF DEATH.

77

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Richards

{ Residence, if in Baltimore, Give Street and Number. } ..... Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 4 1908 that I last saw h ..... alive on Jan 7 1908, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) Wm. P. Bay M.D.

Address Bay View

Date Jan 4 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 6 - 1908 1908

Undertaker Wm. H. Howden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

304

Ward 6 C 8179 Registered No. B C 8179

93

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Albers

{Residence, if in Baltimore, Give Street and Number.} 1918 E. Fayette St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/7 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1908 to Jan. 6 1908 that I last saw h in alive on Jan. 6 1908, and that death occurred, on the date stated above, at 3a. M. CAUSE OF DEATH (Secondary or Immediate.)

Insania

(DURATION) 5 DAYS

Contributory (Primary.) Acute Lobar Pneumonia

(DURATION) 5 DAYS

(Signed) Eugene L. Pussaint M.D.

Address St Josephs Hosp

Date January 6 1908

Place of Burial JOHNS HOPKINS HOSPITAL JAN 6 - 1908

Date 190

Undertaker

Address

Per. Wm. E. Woodall, Commissioner Health

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

304

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH. C 8180

Registered No. B.....

City of Baltimore, (No. 1118, Peach Alley St., 23rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Doulen.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: December 29 (Month) (Day) 1839. (Year)

AGE: 68 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: James Doulen.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Norah Fanlon

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Doulen

(Address) 124 Light Street

Filed 1/7 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 5th (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 3rd 1908 to Jan 5th 1908.

that I last saw him alive on Jan 5th 1908.,

and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) DAYS

Contributory Senile Dementia.

(DURATION) DAYS

(Signed) Henry Haudschumb M. D.

Jan 6th 1908. (Address) 920 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Peters Cem. DATE OF BURIAL: Jan 8 1908

UNDERTAKER: Daniel and M. J. Flynn ADDRESS: 42 E. Fleet St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 8181 Registered No. B C 8181

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthew Joseph Foley.

{Residence, if in. Baltimore, Give Street and Number.} 14 E. Lafayette ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Matthew J. Foley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Mc[illegible]

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernie Foley

(Address) 14 E. Lafayette Ave

Filed 1/7 190 8

HARRY C. ANDREW, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1908 to Jan 7 1908

that I last saw h[illegible] alive on Jan 7 1908,

and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Fracture Left Hip (In Patients room) (DURATION) 4 DAYS accident

(Signed) W. W. Bowie M.D.

Address Md. General Hospital

Date Jan. 7. 1908

Place of Burial New Cathedral Cem

Date Jany 9th 1908

Undertaker Henry H. Jenkins Sons Co

Address 300 N. Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 8182 Registered No. B C 8182

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allen Mc Clanahan,

{Residence, if in Baltimore, Give Street and Number.} 735 Ramsay, St.

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1863

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Keystown md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Keystown md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Keystown md

OCCUPATION OF DECEASED: Farm wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse Joesdens

(Address) 217 S. Peco St

Filed 1/7, 190 8

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7, 1908

I HEREBY CERTIFY, That I attended deceased from January 2, 1908 to January 7, 1908 that I last saw h alive on January 7, 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate

Dysfunca

(DURATION) 14 DAYS

Contributory (Primary.) Cancer

(DURATION) 5 years

(Signed) Albert F. Chambers M.D.

Address 614 S. Paca St

Date 190

Place of Burial Baltimore Cem

Date January 9, 1908

Undertaker Jas. Joesdens, Son

Address 217 S. Peco St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C 8183 Registered No. B C 8183

CERTIFICATE OF DEATH.

10

(Place of Death.) No. St. Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Cora Pettit Winkelmann

{ Residence, if in Baltimore, Give Street and Number. } 1041 Myrtle Ave

Duration of Residence in Baltimore. 47 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 18th 1860

AGE: 47 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Isaac Pettit

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Jane McCain

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen P. Winkelmann

(Address) 1041 Myrtle Ave

Filed 1/7 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1 1908 to Jany 6 1908 that I last saw h-r alive on Jany 6 1908, and that death occurred, on the date stated above, at 7 45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronco Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) La grippe

(DURATION) DAYS

(Signed) Wm. Dulany Thomas M.D.

Address 6334 N. Carrollton Ave

Date Jany. 7 1908

Place of Burial Balto Cem

Date 1/8/08

Undertaker A. S. Marshall Wm. J. Sebastian

Address 03539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8184 Registered No. B C 8184

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J Fullerton

{Residence, if in Baltimore, Give Street and Number.} 1514 Linden ave.

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 7 1908

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Fannie Fullerton

(Address) 1514 Linden Ave

Filed 1/7 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw him alive on [illegible] 190 ;

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fract. Skull - Base
& Stomach Hem -
Shock.

(DURATION) 1½ DAYS

Contributory (Primary.) accidental

by [illegible] (DURATION) — DAYS

(Signed) Benj. D Hayden M.D.
Coroner

Address 216 N Caroline

Date Jan. 7 1908.

Place of Burial Loudon Park
Green Mount Cem.

Date Jan 9 1908

Undertaker David McLean Co

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OAK SAFETY FILM

Ward 17 — C 8185 — Registered No. B C 8185

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 938 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Babetta Lekutin

{Residence, if in Baltimore, Give Street and Number.} 938 W. Baltimore St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Aug 10th 1836

AGE: 71 years, 4 months, 27 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nicolaus Vogel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaretta Hautch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. J. Schumacher

(Address) 938 W Baltimore St

Filed 1/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 6th 1908

that I last saw her alive on Jan 6th 1908,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia from
Cardiac dilation &
Lung Congestion

(DURATION) DAYS

Contributory (Primary.) Congestion of Lungs

(DURATION) 2 DAYS

(Signed) Joseph E Gichner M.D.

Address 1516 Madison Av

Date Jan 6th 1908

Place of Burial Western Cem

Date 1/8 1908

Undertaker Wm J Schulien

Address 941 Patapsco Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8186 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 211 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonora E Boyd

{Residence, if in Baltimore, Give Street and Number.} 211 S Chester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Amos Kendall Boyd

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Virginia B Bisson

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia B Boyd

(Address) 211 S Chester St

Filed 1/7 1908

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Jan 5th 1908

that I last saw h.. alive on Dec 28 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary

Tuberculosis (DURATION) ..... DAYS

(Signed) Maurice L Burns M.D.

Address 1839 E Baltimore St

Date January 8th 1908

Place of Burial Baltimore Cemetery

Date Jan 8th 1908

Undertaker H E Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 8187 Registered No. B ..... C 8187

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 225 South Collington Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Elizabeth Stansbury

{Residence, if in Baltimore, Give Street and Number.} 225 Hollington av

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 85 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER William Stansbury

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Annie M Stansbury

Address .....

Filed 1/7 1908

HENRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 7 1908

that I last saw h— alive on Jan 6 1908

and that death occurred, on the date stated above, at 6-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe complicated with ailments of senility

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles st

Date Jany 8 1908.

Place of Burial Stansbury Farm Patapsco Neck Balto Co

Date Jan 10 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8168 Registered No. B

CERTIFICATE OF DEATH.

42

(Place of Death.) No. Bells City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann J Johnston

{ Residence, if in Baltimore, Give Street and Number. } 2104 E Back St.

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR W.

DATE OF BIRTH 1

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S-

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Johnston per H E H.

(Address) 2737 St Paul St.

Filed 1/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Jan 6 1908 that I last saw h[illegible] alive on Jan 6 1908 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

Intestines

(DURATION) DAYS

Con'tributory (Primary) Edema of Lungs

(DURATION) DAYS

(Signed) W Tucker M.D.

Address Bells City Hospital

Date Jan 6 1908

Place of Burial Baltimore Cemetery

Date Jan 8th 1908

Undertaker H E Hughes

Address 175 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — C 8189 — Registered No. B C 8189

154

CERTIFICATE OF DEATH.

Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Varga

{ Residence, if in Baltimore, Give Street and Number. } 907 N Chapel St Bay View

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

(Address) .....

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7 1908

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Jan 7 1908

that I last saw her alive on Jan 7 1908

and that death occurred, on the date stated above, at 2P P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan 7 1908

Place of Burial Holy Redeemer

Date Jan. 9 1908

Undertaker Jerome C. M. Finch

Address 1904 Eastland Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8190 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 541 Colvin St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Camillo

{ Residence, if in Baltimore, Give Street and Number. } 541 Colvin St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dec 26th 1907

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Camillo

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Theresa Sansone

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Camillo

(Address) 541 Colvin St

Filed 1/8 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday January 7th 1908

I HEREBY CERTIFY, That I attended deceased from January 6th 1908 to January 7th 1908

that I last saw h[illegible] alive on January 6th 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 13 DAYS

Contributory (Primary.) Premature birth (6½ Months) (DURATION) — DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date January 7th 1908.

Place of Burial St Vincents C'mty.

Date 8 January 1908

Undertaker Edward A Byrne

Address 302 N Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C 8191 Registered No. B C 8191

CERTIFICATE OF DEATH.

31

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Bouldin

{Residence, if in Baltimore, Give Street and Number.} Bay View 823 Clifford St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col.

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DEGEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanora Redman

(Address)

Filed 1/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1907 to Jan 6 1908

that I last saw h alive on Jan. 6 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma 3

Tongue (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan. 7 — 1908

Place of Burial Mt Auburn Cemetery

Date Jan 9th. 1908

Undertaker Felix B. Rye

Address 102 E. Mulberry St

Cert'fd 21

H. M. & G. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8192 Registered No. B C 8192

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1915 Druid Hill av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Wilson

{Residence, if in Baltimore, Give Street and Number.} 1915 Druid Hill av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: 1

AGE: 66 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: augusta marcus

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Abella Parker

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) eliza cole

(Address) 1915 Druid Hill av

Filed 1/8 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 4 1908 that I last saw h er alive on Jan 4 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Cowpoxus Pneumonia (DURATION) 4 DAYS

(Signed) John E Hudd M.D.

Address 647 W Lafayette Av

Date Jan 6 1908

Place of Burial mt auburn cem

Date Jan 8 1908

Undertaker John H Stadwin

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7B C 8193 Registered No. B C8193 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 S Howard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Owens 6.

{Residence, if in Baltimore, Give Street and Number.} 905 S Howard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: October 24 1907.

AGE: — years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frederick Owens 6.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Ella Warren 6.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Warren 6 (mother)

(Address) 905 S Howard St

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h ~~alive on~~ 1908,

and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Leinhardt M.D.

Address Coroner

Date January 7 1908.

Place of Burial Mt Auburn Cem

Date Jan 8 1908

Undertaker John H Toadvine

Address 1142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 19th C 8194 C 8194 Registered No. B 93 C 8194

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Harris

{Residence, if in Baltimore, Give Street and Number.} 234 N. Bradford

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Oct 28 1889

AGE: 18 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr James Harris

(Address) 234 N Durham St

Filed 1/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1908 to Jan 5 1908 that I last saw h[illegible] alive on Jan 5 1908, and that death occurred, on the date stated above, at 4.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Pregnancy

(DURATION) 7 Mos.

(Signed) Wm O Pauli M.D.

Address Johns Hopkins Hosp.

Date Jan 5th 1908

Place of Burial St Mary's Cath Grayson Md

Date Jan 8 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8195 Registered No. B .....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 424 N Green st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elias N Gardner

{ Residence, if in Baltimore, Give Street and Number. } # 424 N. Green st

Duration of Residence in Baltimore. Forty Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 2nd 1823

AGE: 84 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Conrad Gardner

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Catherine Buckingham

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Flour Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna B Matthews

(Address) 424 N Green st

Filed 1/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 5th 1908 that I last saw h[illegible] alive on Jan 5th 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) J. W. Chambers M.D.

Address 18 W Franklin St

Date Jan 6th 1908

Place of Burial Green Mount Cemetery

Date Jan 8 1908

Undertaker E. D. Selby & Co

Address Reisterstown Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 8196 Registered No. B C 8196

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 715 E 21 St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Ewing

{Residence, if in Baltimore, Give Street and Number.} 715 E 21 St

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 78 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Grayland

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella R Jones

(Address) 715 E 21st St

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jany 6 1908 that I last saw h-r alive on Jany 6 1908 and that death occurred, on the date stated above, at 9.25 a m. CAUSE OF DEATH (Secondary or Immediate.)

The Grippe - pneumonay congestion

(DURATION) 11 DAYS

Con'ributory (Primary.) Valvular disease of heart with hypertrophy (DURATION) 2 years

(Signed) J. W. P. Bales M.D.

Address 858 N. Eutaw St

Date Jan 7 1908

Place of Burial Bals Cem

Date Jan 10 1908

Undertaker Wm Cook

Address 1026 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 8197 Registered No. B C 8197

CERTIFICATE OF DEATH.

(Place of Death.) No. 2651 N Hartsdale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hetalie R. Brown

{Residence, if in Baltimore, Give Street and Number.} 2651 W. Hartsdale.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: W

DATE OF BIRTH: Nov 12 1895

AGE: 12 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry P. Brown

BIRTHPLACE OF FATHER (State or country): Phila.

MAIDEN NAME OF MOTHER: Laura F. Reilly

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harvey P Brown

(Address) 2651 N Hartsdale

Filed 1/8 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1907 to Jan 6 1908 that I last saw h ee alive on Jan 6 1908, and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) J. Tyler Smith M.D.

Address 717 N. Carrollton Ave

Date Jan. 7 1908

Place of Burial London Park

Date Jan 9/1905 190

Undertaker Wm Cook

Address 502 E Hartsdale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8198

City of Baltimore, (No. 1650 Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J. Mahon

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Mahon

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Tyrrell

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Mahon

(Address) 1403 Eden Court.

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1907 to Jan. 6th 1908, that I last saw h[im] alive on Jan. 6th 1908, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Grippe, acute Bronchitis & Exhaustion

(DURATION) 10 DAYS

Contributory Old age and general debility (DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Jan. 7th 1907 (Address) 700 Lafayette Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Jany 9th 1908

UNDERTAKER: Wm Cook

ADDRESS: 5026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C 8199 Registered No. B C 8199

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1245 E Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine E Gross

{Residence, if in Baltimore, Give Street and Number.} 1245 E Lexington

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John E Ehmling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Mueller

(Address) 1245 E Lexington St

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 7th 1908 that I last saw her alive on Jan 6th 1908, and that death occurred, on the date stated above, at 4:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Asthma

(DURATION) 14 DAYS

Contributory (Primary.)

Heart Failure (DURATION) DAYS

(Signed) Howard L. Silver M.D.

Address 1914 Bolton St.

Date Jan 7th 1908

Place of Burial Trinity Cemetery

Date Jany 9th 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 12 C 8200 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2424 York Road. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Milburn

{Residence, if in Baltimore, Give Street and Number.} 2424 York Road.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): ~~Germany~~ Md

FULL NAME OF FATHER: ~~Christopher S. Fairbanks~~ Christopher S. Fairbanks

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Drucilla Stockesdale

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Milburn

(Address) 2424 York Road

Filed 1/8 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7- 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Jan 7 1908 that I last saw h alive on Jan 6 1908, and that death occurred, on the date stated above, at 10 15 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

— (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Jan 7- 1908

Place of Burial Baltimore Cem

Date January 9 1908

Undertaker Wm Cook

Address 1512 E Madison.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8201 Registered No. B .....

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 808 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward B, Henson Sr

{Residence, if in Baltimore, Give Street and Number.} 808 Bradley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR B

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm. B. Henson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rosie Johnson

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Johnson

(Address) 808 Bradley St

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 7 1908 that I last saw him alive on Jan 6 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 or 5 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 4 or 5 DAYS

(Signed) A. F. Fowler M.D.

Address 712 S. Stricker

Date Jan 8th 1908

Place of Burial Mt Zion

Date Jan 8 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8202 Registered No. B C 8202 161

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Alexander

{Residence, if in Baltimore, Give Street and Number.} 613 N. Duncan alley.

Duration of Residence in Baltimore. 20 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Naples Italy.

FULL NAME OF FATHER: Frank Alexander

BIRTHPLACE OF FATHER (State or country): naples Italy

MAIDEN NAME OF MOTHER: Kate Asterita

BIRTHPLACE OF MOTHER (State or country): naples Italy.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Asterita

(Address) 613 N Duncan Place

Filed 1/8 1908 HARRY C. ANDREES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1908 to Jan. 7 1908 that I last saw him alive on Jan. 6 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

6 hours (DURATION) DAYS

Contributory (Primary.) Pneumonia,

†Concussion of brain (DURATION) 2 DAYS

(Signed) Eugene L. Pussano M.D.

Address St Joseph's Hospital

Date Jan. 8, 1908.

Place of Burial Holy Cross ✓

Date Jan 8 1908

Undertaker McGinnis & Garrett

Address 1227 Mulberry

† While in a delirious State caused by Pneumonia, he jumped out of Window.

Dr. J. Carretta Coroner Jan 8-08

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8203

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8203

City of Baltimore, (No. 2012, N. Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME LeRoy Baum

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: March 8 (Month) (Day) 1900 (Year)

AGE: 7 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Chas. Baum.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Maggie Miller

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Baum.

(Address) 2012. Payson St.

Filed 1/8 1908

CLERK OF ARCHIVES, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1907 to Jan 1908 that I last saw him alive on Jan 7 1908, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 44 DAYS

Contributory Anemia (DURATION) 3 DAYS

(Signed) L. J. Grey M. D.

Jan 8 1907 (Address) 2466 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Leuden Park — DATE OF BURIAL: Jan 10 1908

UNDERTAKER: Frank Sylvester. — ADDRESS: 16 W. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 8204 Registered No. B C 8204

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2503 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph N. Eachus.

{Residence, if in Baltimore, Give Street and Number.} 2503 Penna Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 22 Feb 1856	
AGE: 52 years, 11 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Edward Eachus
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	E J Cunningham
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sanorah Eachus

(Address) 2503 Penna Ave

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 7th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1907 to Jany 7th 1908 that I last saw h in alive on Jany 6th 1908 and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis.

About Months (DURATION) DAYS

Con'ributory (Primary) Exhaustion (DURATION) 2 DAYS

(Signed) Thomas J. Talbott M.D.

Address 1701 Eutaw Pl.

Date Jany. 8th 1908

Place of Burial Loudon Park.

Date Jan 9 1908

Undertaker Josiah Lyon

Address New W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8205 Registered No. B ..... C 8205

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Rahming

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/8 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK

Lamar Hu[illegible] Supt. BAY VIEW ASYLUM.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1908 to Jan 7 1908

that I last saw h[illegible] alive on Jan 7 1908,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Jan. 7 1908

Place of Burial Western Cem

Date 1/9 1908

Undertaker Wm J Schaller

Address 9 S Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B C 8206

C 8206

CERTIFICATE OF DEATH.

19

Place of Death. No. 302 Sycamore Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas C. Deitz

{Residence, if in Baltimore, Give Street and Number.} 302 Sycamore Av

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 15 1857

AGE: 57 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co

FULL NAME OF FATHER: C Deitz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Rob[illegible]

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Deitz

(Address) 302 Sycamore

Filed 1/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1907 to Jan 5 1908

that I last saw h[illegible] alive on Jan 6 1908,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 10 DAYS

(Signed) D A Smith M.D.

Address 206 - 3rd Av

Date Jan 6th 1908

Place of Burial Druid Ridge

Date Jan 8 1908

Undertaker N. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

[illegible] SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 8207 Registered No. B C 8207

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clista. Fitzpatrick

{ Residence, if in Baltimore, Give Street and Number. } alone

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 7th 1908

AGE ..... years, ... months, 8 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James. Henry. Fitzpatrick

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elsie. M. Benson

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Fitzpatrick

(Address) 533 Hickory Av

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 8 1908

that I last saw her alive on Jan 7 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) D W Smith M.D.

Address 326 - 3rd Ave

Date Jan 8th 1908

Place of Burial St. Marys Hampden

Date Jan 8th 1908

Undertaker Wm. E. Chenowith & Son

Address 919 - 3rd Av. Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C8208

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Carroll st

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary C. Dubuar

{Residence, if in Baltimore, Give Street and Number.} 1118 Carroll st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Towson

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Martha J. Green

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 N. Lombard

Filed 1/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 5th. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 3 1907 to Jany 5th 1908

that I last saw her alive on Jany 5th 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Nephritis and Cardiac dilatation

Complicating Cirrhosis of Liver

(DURATION) 2 months

Con'tributory (Primary.) Uraemic convulsions

and Coma (DURATION) 1 DAYs

(Signed) Henry C. O'Neill M.D.

Address 1203 N. Fayette st

Date Jany 6 — 1908

Place of Burial Loudon Park

Date Jan 8th 1907

Undertaker John J Fields

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8209 Registered No. B

42

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Micahael.

{Residence, if in Baltimore, Give Street and Number.} 803 N. Stricker St.

Duration of Residence in Baltimore. 70 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 9 1834

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Frank W. Little.
(Informant)

8. 35th. St.
(Address)

Filed 1/8 1908 HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-7- 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5- 1907 to Jan. 7 1908

that I last saw her alive on " " 1908.

and that death occurred, on the date stated above, at 6-

a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion -

(DURATION) DAYS

Contributory (Primary.) Carcinoma

Uterus. (DURATION) DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Jan. 7, 1908

Place of Burial Baltimore Cemetery.

Date January 9 1908. 190

Undertaker Geo. W. Little.

Address 531 N-FREMONT AVE-

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8210 Registered No. B

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1824 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Poston

{Residence, if in Baltimore, Give Street and Number.} 1824 E. Biddle

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 18th 1846

AGE: 61 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. County Md

FULL NAME OF FATHER: Hosea Frederick

BIRTHPLACE OF FATHER (State or country): Balto County Md

MAIDEN NAME OF MOTHER: Ann Price

BIRTHPLACE OF MOTHER (State or country): Balto. County Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Poston

(Address) 1824 E Biddle St

Filed 1/8 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1908 to Jan 5th 1908

that I last saw her alive on Jan 5th 1908,

and that death occurred, on the date stated above, at 11.30 a M. CAUSE OF DEATH (Secondary or Immediate.)

1a Grippe,

(DURATION) 4 DAYS

Contributory (Primary.) Acute Bronchitis

(DURATION) 10 days

(Signed) Chas. B. Fisher M.D.

Address 830 N Broadway

Date Jan 7th 1908

Place of Burial Mt. Calvary

Date Jany 9 1908

Undertaker Robt J Symington

Address 1472 N. Fulton Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8211 Registered No. B C 8211

129

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah F Brown

{Residence, if in Baltimore, Give Street and Number.} 1101 Argyle Ave

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Danick H Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Brayton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Dress maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Brown

(Address) 1101 Argyle Ave

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1908

I HEREBY CERTIFY, That I attended deceased from January 6 1908 to Jan 7 1908

that I last saw her alive on Jan 7 1908

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate.)

Myoma of Uterus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ernest X Cullen M.D.

Address Johns Hopkins Hosp

Date Jan 7 1908

Place of Burial Laurel Cemetery

Date January 10 1908

Undertaker Alex Hennessey

Address 578 W Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8212 Registered No. B

C8212

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 562 W Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah P. Heath

{Residence, if in Baltimore, Give Street and Number.} 562 W Preston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Heady

(Address) 562 W Preston St

Filed 1/8 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to Jan 6 1908 that I last saw h[illegible] alive on Jan 5 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

E Mowbray

(DURATION) 2 DAYS

Contributory (Primary) Uremia

Carcinoma (DURATION) 2 yrs

(Signed) John E Huck M.D.

Address 649 W Lafayette

Date Jan 7 1908

Place of Burial Mt Auburn

Date January 8 1908

Undertaker Aley & Brindley

Address 578 W Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 8213

Registered No. B C 82

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 620 W. Saratoga St.

If Death occurs in Hospital or Institution give its Name instead of Street and Number.

Full Name Alonzo G Pratt

{Residence, if in Baltimore, Give Street and Number.} 620 W Saratoga St

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: William Henry Pratt

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Nichols

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A. Pratt

(Address) 620 W. Saratoga st

Filed 1/8 1908

HARRY C. ANDREWS, PERMT. CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 7 1908

that I last saw h[illegible] alive on Jan 7 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Coma (DURATION) DAYS

Contributory (Primary.) Acetanil (DURATION) DAYS

(Signed) W. L. Norwood M.D.

Address 937 N Fay Ave

Date Jan 7 1908

Place of Burial Mt Auburn Cemetery

Date Jan 9 1908

Undertaker Felix B Dyer

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8214

Registered No. B .....

City of Baltimore, (No. 1714 E. Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert M Kolb,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: Feb 23 (Month) (Day) 1869 (Year)

AGE: 38 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John A. Kolb.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary A. Snyder

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Wood Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George R. Kolb.

(Address) 1714 E. Chase St.

Filed 1/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan. 6 1908, that I last saw him alive on Jan 5 1908, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis

One year (DURATION) ..... DAYS

Contributory Exhaustion

One day (DURATION) ..... DAYS

(Signed) Geo F. Taylor M.D.

Jan 7 1908 (Address) 1125 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Jan. 9 1908

UNDERTAKER: A. Fink & Son

ADDRESS: 915 N Gay St

WM. J. C. DULANY CO., BALTIMORE

Ward 7 Registered No. B C 8215

C 8215

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 N Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charlie Hirt

{Residence, if in Baltimore, Give Street and Number.} 909 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 2 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joe Hirt

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Anna Deenaseth

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Hirt

(Address) 909 N Durham St

Filed Jan 8 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Jan 6 1908

that I last saw him alive on — 190—,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

following Grippe.

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary) Contra Edema

(DURATION) DAYS

(Signed) W. J. Rymer M.D.

Address 2108 Holland Ave

Date 1—7—08 190

Place of Burial Woodlawn Cemetery

Date Jan 8 1907

Undertaker Jerome F. McCarthy

Address 1904 Madison Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward 17 Registered No. B C8216

CERTIFICATE OF DEATH.

143

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Burleng

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: W.
DATE OF BIRTH: May. 1907	
AGE: ....years, 8 months, ...days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed Jan 8 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1908

I HEREBY CERTIFY, That I attended deceased from ....1908 to 1908

that I last saw h.... alive on 1908,

and that death occurred, on the date stated above, at 9 ....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Furunculosis

(DURATION) DAYS

(Signed) P. H. Martin M.D.

Address

Date Jan 8 1908

Place of Burial New Cathedral

Date Jan 8 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 8212

CERTIFICATE OF DEATH

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Louise Carter

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 7 1903

AGE 5 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed Jan 8 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 6 1908 that I last saw h... alive on ...1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Mackenzie M.D.

Address

Date Jan 7 1908

Place of Burial New Cathedral

Date Jan 8 1908

Undertaker Martin Gahan & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 0110

C 8218

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Shay

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asylum

(Address)

Filed Jan 8 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. J. Martin M.D.

Address

Date Jan 7 1908

Place of Burial New Cathedral

Date January 8 1908

Undertaker Martin Fahey & Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C8219 Registered No. B 179 C 8219

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asy't. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas McMeckan.

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: years, 4 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Cath. Asst. Asy.

(Address)

Filed Jan 8 1908 Registrar

MCW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 6 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hamilton

(DURATION) DAYS

Contributory (Primary.)

Exposure (DURATION) DAYS

(Signed) C J Martin M.D.

Address

Date Jan 7 1908

Place of Burial New Cathedral

Date January 8 1908

Undertaker Martin Gaehey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8220 Registered No. B [illegible] 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Wilson Pitt.

{Residence, if in Baltimore, Give Street and Number.} 202 W. Lee, St

Duration of Residence in Baltimore. 64 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 7 1880

AGE 17 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Gloster Co Va

FULL NAME OF FATHER Fredrick H Pitt

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie Thirft

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred H Pitt (Father)

(Address) 202 W Lee St

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1906 to Jan. 7, 1908 that I last saw him alive on Jan. 6, 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea

(DURATION) 14 DAYS

Contributory (Primary.) Sarcoma of Lung.

(DURATION) 2½ Months

(Signed) Albert S. Chambers M.D.

Address 614 S. Paca St

Date January 8, 1908

Place of Burial LOUDON PARK

Date JAN 9 - 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8221 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Buchowski

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 3 1908 to Jan 6 1908 that I last saw h~~im~~ alive on Jan 6 1908, and that death occurred, on the date stated above, at 7 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Jan 7 1908

Place of Burial St Peters

Date Jan 7 1908

Undertaker Jas B Cook

Address 1003 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B C 8222

City of Baltimore, (No. German Aged Home St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theodora Platner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 9. 1820 (Month) (Day) (Year)

AGE: 86 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Worsta Germany

BIRTHPLACE (State or country): " "

FULL NAME OF FATHER: Wilhelm Titzner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Leonhardt

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record German Aged Home

(Address) Payson cor Balto St

Filed 1/8 1908 HARRY G. ANDREES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 1907 to January 7 1908

that I last saw h er alive on Jan 6th 1908,

and that death occurred, on the date stated above, at 3 45 P. M. The CAUSE OF DEATH was as follows:

Apoplexie. Total para-
lysis of left leg & arm
General weakness

(DURATION) 60 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) Dr Reinhard M. D.

Jan 8th 1908 (Address) 1500 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Jan 9 1908

UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH. C 8223

Registered No. B .....

City of Baltimore, (No. 920 N Stricker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth E. Yates

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feby 16th 1824 (Month) (Day) (Year)
AGE	83 years, 10 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Zachariah Polton
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Nancy Dorsey
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Cecilia Young
(Address) 920 N. Stricker St.

Filed 1/8 1908 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 6th 1908 to Jan 7th 1908 that I last saw her alive on Jan 6th 1908, and that death occurred, on the date stated above, at 2-45 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

6 months (DURATION) DAYS

Contributory Old age (DURATION) DAYS

(Signed) H. W. Mebner M. D.

Jan. 7th 1908 (Address) 423 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	Jan 7 1908
UNDERTAKER	ADDRESS
Jos B Cook	1003 Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 8224

City of Baltimore, (No. 2009 McHenry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emily Allenbaugh

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Febr (Month) 3d (Day) 1837 (Year)

AGE: 69 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Collins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Allenbaugh

(Address) 2002 McHenry St

Filed 1 8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 7th 1908

that I last saw h[er] alive on Jan 7th 1908,

and that death occurred, on the date stated above, at 9 52 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Bright's Disease

1 Year (DURATION) DAYS

Contributory Cardiac dilation,

Oedema, Ascites (DURATION) 20 DAYS

(Signed) Joseph Chichester M. D.

Jan 8th 1908 (Address) 1516 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Jan 8 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 8225 Registered No. B C 8225

CERTIFICATE OF DEATH.

(Place of Death.) No. 2023 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Welch

{Residence, if in Baltimore, Give Street and Number.} 2023 Hanover St,

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH unknown

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Daniel Mitchell

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Doyle

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. W. B. Welch

(Address) 2023 Hanover St,

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 6 1908

that I last saw h[illegible] alive on Jan 6 1908,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) 2 DAYS

Contributory (Primary.) Infirmities of old age (DURATION) [illegible] DAYS

(Signed) W. E. H. Campbell M.D.

Address 1644 Hanover St.

Date Jan 7 1908

Place of Burial Holy Cross R.C. Ce.

Date Jan 9 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th C 8226 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 147 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Lauchart

{Residence, if in Baltimore, Give Street and Number.} 147 Stockholm St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Sept 20" 1864

AGE 53 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Weber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Feldy

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Young

(Address) 147 Stockholm St.

Filed 1 8 8 1908

HARRY C. ANDRESS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6" 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Jan 6 1908

that I last saw h alive on Jan 6 1908,

and that death occurred, on the date stated above, at 1-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 1 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Jan 6" 1908

Place of Burial Baltimore Cemetery

Date Jan 9 1908

Undertaker Jno. Stanteler

Address 318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward [illegible] Registered No. B[illegible]

C 8227

61

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Reuben Strange

{Residence, if in Baltimore, Give Street and Number.} 5 Hanover Court

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Jamaica

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 4 1908

that I last saw h[illegible] alive on Jan 4 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory & cardiac Failure

(DURATION) DAYS

Con'tributory (Primary.) Cerebro Spinal meningitis [illegible] DAYS

(Signed) H. L. Legg M.D.

Address Univ Hosp

Date Jan 8 1908

Place of Burial

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

UNIVERSITY OF MARYLAN[illegible]
JAN 8 - 1908

FOR ANATOMICAL PURP[illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

30

Ward 7 Registered No. B C 8228

CERTIFICATE OF DEATH. 93

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Stanislaus Baranowski

{ Residence, if in Baltimore, Give Street and Number. } 321 S. Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 8 1908

that I last saw him alive on Jan 8 1908

and that death occurred, on the date stated above, at 5:40 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date January 8 1908

Place of Burial Holy Redeemer Cem.

Date Jan 9th 1908

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C8229 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Freddy Schildwachter.

{Residence, if in Baltimore, Give Street and Number.} 2001 Slingluff Ave. Wallbrook.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: June 8 - 1890

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry Schildwachter

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Peters

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Plumber

Informant Cousin

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schildwachter

(Address) 2001 Slingluff Ave.

Filed 1/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6, 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1908 to Jan. 6, 1908

that I last saw h.. alive on Jan. 6, 1908.

and that death occurred, on the date stated above, at 11:25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock following hemorrhage from R. femoral artery caused by explosion of dynamite cap

(DURATION) 1 DAYS

Contributory (Primary.) Injury to R. femoral artery.

(DURATION) 1 DAYS

(Signed) Geo. Chas. Scott, Jr. M.D.

Address Union Protestant Infy.

Date January 6, 1908

Place of Burial London Park Cem.

Date Jan 9th 1908

Undertaker Geo. Bentz

Address 594 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH. C 8230

Registered No. B.....

City of Baltimore, (No. 2020 Mt Royal Terrace St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amy i B. Crane

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 21 1849 (Month) (Day) (Year)
AGE	58 years, 3 months, 17 days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	New Jersey U.S
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Secretary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charlotte Crane

(Address) 2020 Mt Royal Ter-

Filed 8/8 1908 HARRY C. ANDREES, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jan 6 1908 that I last saw him alive on Jan 6 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Double Lobar Pneumonia

(DURATION) 9 DAYS

Contributory Influenza

(DURATION) 5 DAYS

(Signed) J Adnetscher M. D.

Jan 7 1908 (Address) 1025 Mad. ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Jan 9 1908
UNDERTAKER E. M. Starr	ADDRESS 123 S. Broadway

Registered No. B C8231

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Webster

{Residence, if in Baltimore, Give Street and Number.} Rear 1302 Eutaw Pl.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Negro

DATE OF BIRTH 1

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Hoffy

(Address) 1302 Eutaw Pl

Filed 1/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1908

I HEREBY CERTIFY, That I attended deceased from as known 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism and Exposure.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gebhart M.D.

Address 211 N. Lanvale

Date 1.8 1908

Place of Burial Mt. Auburn

Date Jan 10th 1908

Undertaker Stanner & Wright

Address 864 Albany Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 8232 Registered No. B

C 8232

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 453 Guilford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs C. Chaffman

{ Residence, if in Baltimore, Give Street and Number. } 453 Guilford St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Oct. 12 1907.

AGE ..... years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Chas H. Chaffman

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Emma Allen.

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Faulkner Asst. 603 E Shaft St.

(Address)

Filed 1/8 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 7 1908.

that I last saw h[illegible] alive on Jan 7 1908.

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C Wade Young M.D.

Address 603 E Shaft St.

Date 1908

Place of Burial Cedar Hills

Date Jan 9 1908

Undertaker E Hartle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th Registered No. D 8233

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 407 Fremont St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Clementine Miller.

{ Residence, if in Baltimore, Give Street and Number. } 407 Fremont St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 21 1880

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Miller

(Address) 317 E Cross St

Filed 1/8 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 6 1908

that I last saw h[illegible] alive on Jan 6 1908,

and that death occurred, on the date stated above, at 6:20

M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) J. Edw. Smith M.D.

Address 538 Hanover St.

Date Jan 6 1908 — 190...

Place of Burial London Park

Date Jan. 9 1908

Undertaker E. Hale

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C8234

CERTIFICATE OF DEATH.

(Place of Death.) No. 1137 Myrtle Ave, Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Hanson Hines

{Residence, if in Baltimore, Give Street and Number.} 1137 Myrtle Ave.

Duration of Residence in Baltimore. 12 yrs

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1885

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Belair Md.

FULL NAME OF FATHER William P Hines

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William P Hines

(Address) 1137 Myrtle Ave

Filed 1/9" 1908

HARRY C. ANDREAS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Jan. 6 1908

that I last saw him alive on Jan. 6 1908,

and that death occurred, on the date stated above, at 1:40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 yrs

(Signed) Rosco C. Metzel M.D.

Address 1824 W. North Ave.

Date Jan. 7, 1908

Place of Burial Rock Spring Harford Co

Date January 9, 1907.

Undertaker John E. Fowler Co.

Address 1422 Paca St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8235

City of Baltimore, (No. 214, Richmond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Edmond Wagner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Negro

DATE OF BIRTH: ..... (Month) ..... (Day) 1907 (Year)

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City, Maryland

FULL NAME OF FATHER: David Wagner

BIRTHPLACE OF FATHER (State or country): Tennessee.

MAIDEN NAME OF MOTHER: Lillian Blake

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Wagner

(Address) 214 Richmond St

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jany 7 1908 that I last saw him alive on Jany 6 1908, and that death occurred, on the date stated above, at 10. P. M. The CAUSE OF DEATH was as follows:

La Grippe ?

(DURATION) 14 DAYS

Contributory Convulsions

(DURATION) 2 DAYS

(Signed) Wm Lewis M. D.

Jany 8 1908 (Address) 1220 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Jan 9 1908

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE

Ward 0 C 8236 Registered No. B

CERTIFICATE OF DEATH.

137

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecilia Lamauna

{Residence, if in Baltimore, Give Street and Number.} 1818 N. Castle st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH [illegible]

AGE 29 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER James Clifford

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) [illegible]

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas P Lamauna

(Address) 1818 Castle st

Filed 1/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 7 1908

that I last saw h[illegible] alive on Jan 7 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Puerperal Septicemia

(DURATION) 11 DAYS

Contributory (Primary) Laceration of uterus (DURATION) 11 DAYS

(Signed) J. J. O'Connor M.D.

Address St. Josephs Hosp

Date Jan 7 1908

Place of Burial Holy Redeemer Cem

Date Jan 10 1908

Undertaker Wm Leech

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C8237 Registered No. B

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 843 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eunice Ann Cunningham

{Residence, if in Baltimore, Give Street and Number.} 843 Park Ave.

Duration of Residence in Baltimore. Five years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: 1838

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Norfolk Va.

FULL NAME OF FATHER: John Davis

BIRTHPLACE OF FATHER (State or country): Hampton Va

MAIDEN NAME OF MOTHER: Benthall

BIRTHPLACE OF MOTHER (State or country): Princess Anne Co. Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary M. Boyce

Address: 843 Park Ave

Filed 1/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7. 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 7. 1908 to Jan. 7. 1908: that I last saw h[illegible] alive on Jan. 7 1908, and that death occurred, on the date stated above, at 8-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Death Sudden, with pain in Chest. Angina pectoris.

(DURATION) DAYS

Contributory (Primary.) Grippe

(DURATION) 14 DAYS

(Signed) Alfred Wanstall, M.D.

Address 921 Cathedral St.

Date Jan. 8. 1908.

Place of Burial Norfolk Va

Date Jan 9 1908

Undertaker H. W. Jenkins Sons Co

Address 300 Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C8238 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 John St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Frances Adams.

{Residence, if in Baltimore, Give Street and Number.} 1426 John St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 12 1840

AGE 67 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto, Md.

FULL NAME OF FATHER Wm. F. Adams.

BIRTHPLACE OF FATHER (State or country) Balto, Md.

MAIDEN NAME OF MOTHER Eliza Ann Coe.

BIRTHPLACE OF MOTHER (State or country) Annapolis, Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Kemp.

(Address) 1426 John St.

Filed 1/9 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 7 1908 that I last saw her alive on Jan 7 1908 and that death occurred, on the date stated above, at also 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) Few DAYS

Contributory (Primary.) La Grippe + Pneu (DURATION) DAYS

(Signed) M B Kund M.D.

Address 604 N. Gilmor St.

Date January 8 1908

Place of Burial Cathedral Cemetery

Date Jan 9, 1908

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8239 Registered No. B .....

45

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Charles E Beeler

{ Residence, if in Baltimore, Give Street and Number. } 232 N Streeker St

Duration of Residence in Baltimore. 38 years C 8239

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 22 1860

AGE 47 years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Ernest Beeler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdelena Schad

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Beeler

(Address) 232 N Streeker St

Filed 1/9 1908 HARRY C. ARMES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 13 1907 to Jan 7 1908 that I last saw him alive on Jan 7 1908 and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Bladder.

Acute Bronchitis

(DURATION) .....

Contributory (Primary.) .....

(DURATION) .....

(Signed) W. D. Gatch. M.

Address Johns Hopkins Hospital

Date January 7 1908

Place of Burial Druid Hill Park Cem

Date Jan 9th 1908

Undertaker Geo J. Smith & Co

Address 1000 N Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 8240

City of Baltimore, (No. 1531, N. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James L. Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 4 1841 (Month) (Day) (Year)
AGE	66 years, 7 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Thurmont Md
FULL NAME OF FATHER	Alexander Scott
BIRTHPLACE OF FATHER (State or country)	Pa
MAIDEN NAME OF MOTHER	Sarah Shaffer
BIRTHPLACE OF MOTHER (State or country)	Pa
OCCUPATION OF DECEASED	Butter Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marian R Scott (wife)

(Address) 1531 N. Lexington

Filed 1/9 1908

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 7 1908 that I last saw him alive on Jan 7 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Influenza

(DURATION) 10 DAYS

Contributory asthenia

(DURATION) 7 DAYS

(Signed) W E Byers M. D.

Jan 8 1908 (Address) 1715 N. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Martinsburg W. Va. DATE OF BURIAL Jan 10 1908

UNDERTAKER Geo J. Smith & Co ADDRESS 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 8241

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 129 S. Wolfe St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Herman W. Palm

{Residence, if in Baltimore, Give Street and Number.} 129 S. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June 29th 1907

AGE 1 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Herman Palm

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amanda Lang

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Palm

(Address) 129 S. Wolfe St

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1908 to Jan 8th 1908 that I last saw h[illegible] alive on Jan 8 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) DAYS

Contributory (Primary.) Convulsions

Congestion Lung (DURATION) DAYS

(Signed) Albertus Cullen M.D.

Address 1828 E. Baltimore St

Date Jan 9th 1908

Place of Burial Baltimore Cemetery

Date January 10th 1908

Undertaker H. Snyder & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 C 8242 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Blanche Stevens

{Residence, if in Baltimore, Give Street and Number.} 1622 E Federal st

Duration of Residence in Baltimore. Lifetime C8242

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 8th 1868

AGE: 39 years, 5 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Stevens

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Annie A Sommes

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Lydia E Herbst

(Address) 1622 E Federal st

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 8. 1908

I HEREBY CERTIFY, That I attended deceased from 190 to Jany 8. 1908 that I last saw her alive on Jan 7 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Oedema

3 years (DURATION) DAYS

Contributory (Primary.) Mitral insufficiency (DURATION) 15 y DAYS

(Signed) Geo. A Harkman M.D.

Address 1121 N Caroline St.

Date Jany 8. 1908

Place of Burial Baltimore Cemetery

Date January 10th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 23 Belair ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Hoehn

{ Residence, if in Baltimore, Give Street and Number. } 23 Belair ave

C 8243

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb 27th 1860
AGE	47 years, 10 months, 10 days
~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	George Litschke
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman W. Hoehn

(Address) 23 Belair ave

Filed 1/9 1908

HARRY C. ANDREES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1907 to Jan 6 1908

that I last saw her alive on Jan 4 1908,

and that death occurred, on the date stated above, at 5 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Paralysis

Atrial Mouth (DURATION) DAYS

(Signed) Walter W White M.D.

Address 1101 N Biway

Date Jany 6 1908

Place of Burial Baltimore Cemetery

Date January 9th 1908

Undertaker George Schilling & Son

Address 1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C 8244

Registered No. B .....

City of Baltimore. (No. 1526 John St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number]

FULL NAME Mrs. Amanda Hicks Gatch

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W

DATE OF BIRTH: Sept 4th (Month) (Day) 1844 (Year)

AGE: 63 years, 4 months, 4 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Thomas C. Hicks

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Susan Tigon

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Gatch

(Address) 1216 John St

Filed 1/9 1908

HARRY O. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/8 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1907 to Jan 8 1908

that I last saw h[er] alive on 1/7 1908

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(Double)

(DURATION) 5 DAYS

Contributory La Grippe (DURATION) 15 DAYS

(Signed) Henry B. Cady M. D.

1/8 1908 (Address) Related Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Norfolk Va	Jany 9 1908
UNDERTAKER	**ADDRESS**
Geo H. Riddleman	901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8245 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1046 Granby St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs M Sirene

{Residence, if in Baltimore, Give Street and Number.} 1046 Granby St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 20 1888

AGE 19 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michael J Sirens

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Dennen

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. J. Sirene

(Address) 1046 Granby St.

Filed 1/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Jan 8 1908 that I last saw her alive on Jan 8 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cancer Phlebitis

(DURATION) 2 mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 160 Bonney

Date Jan 8 1908

Place of Burial St. Peter's Cemetery

Date Jany. 10" 1908

Undertaker Evans & Spence

Address 118 & 120 W. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C8246 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Bertha Altheimer

{Residence, if in Baltimore, Give Street and Number.} 1414 Mulligan St.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 24 1843

AGE 65 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Shiras

(Address) 137 N Broadway

Filed 1/9 1908 HARRY C. ANDRESS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Jan 7th 1908 that I last saw her alive on Jan 7th 1908, and that death occurred, on the date stated above, at 8:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) Five DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) 1yr DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Jan 8 1908

Place of Burial Rehum Cemetery Belair Rd

Date Jan 9 1908

Undertaker ALBERT E. FULLER

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

Ward [illegible] C 8247 Registered No. B [illegible]

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1841 Stanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benedict H. Wakeland

{Residence, if in Baltimore, Give Street and Number.} 1841 Hanover St

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE about 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benedict H Wakeland

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Kennedy

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. S. Wakeland

(Address) Brooklyn A.A.Co.

Filed 1/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan 8 1908

that I last saw h[illegible] alive on Jan 7 1908,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bronchitis

(DURATION) 30 DAYS

Contributory (Primary.) Infirmities of old age (DURATION) Indefinite DAYS

(Signed) W. E. Campbell M.D.

Address 1644 Hanover

Date Jan 8 1908

Place of Burial Cedar Hill

Date Jan 11 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 8248

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 10. S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Bullock Wiselaugh

{Residence, if in Baltimore, Give Street and Number.} 10. S. Chester St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1/4/1908

AGE: ... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William F. Wiselaugh

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Laurene Bullock

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) William F. Wiselaugh

(Address) 10 S. Chester St.

Filed 1/9 1908

HARRY C. AGGREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 8th 1908

I HEREBY CERTIFY, That I attended deceased from January 7 1908 to January 8th 1908

that I last saw him alive on Jan 7th 1908,

and that death occurred, on the date stated above, at 7.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumania

(DURATION) 2 DAYS

Contributory (Primary) Eclampsia

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St

Date January 8th 1908

Place of Burial Oak Lawn Cem.

Date 1/9/08 190...

Undertaker John Hennig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B C 8249

C 8249

CERTIFICATE OF DEATH.

(Place of Death.) No. # 7 E Eager St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Louisa Barnes Pennington

{Residence, if in Baltimore, Give Street and Number.} # 7 E Eager

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W

DATE OF BIRTH July 7 1835

AGE 72 years, 5 months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Thos Carroll Harper

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Charlotte N. Poffenberger

BIRTHPLACE OF MOTHER (State or country) S C.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C Pennington

(Address) 7 E Eager

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7" 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Jan 7" 1908 that I last saw h, alive on Jan 7" 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lead eftamitan

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 40 days

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date Jan 9" 1908

Place of Burial Loudon Park

Date Jan 9 1908

Undertaker D. J. Cook

Address 1003 N Balto

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1309 Riggs Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H Johnson

{Residence, if in Baltimore, Give Street and Number.}

C 8250

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH — 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R H Elliott

(Address) 506 Royal Ave

Filed 1/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 7 1908 that I last saw h in alive on Jan 6 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Old age —

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Thomas Filson M.D.

Address 1308 N. Arlington Ave

Date Jan 8 1908

Place of Burial National Cemetery

Date January 9 1908

Undertaker Robert A Elliott

Address 506 Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1437 Prospect Law St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jutkowsky

{Residence, if in Baltimore, Give Street and Number.} 1437 Prospect Law.

Duration of Residence in Baltimore. about 28 years C8251

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 12, 1880

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Dayton Ohio

FULL NAME OF FATHER Emanuel Hanick

BIRTHPLACE OF FATHER (State or country) Austria Mt. Jenny

MAIDEN NAME OF MOTHER Annie " Hobat

BIRTHPLACE OF MOTHER (State or country) Austria "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jutkowsky

(Address) 1437 Prospect Law.

Filed 1/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7, 1908

I HEREBY CERTIFY, That I attended deceased from July 12, 1907 to Jan. 1908

that I last saw her alive on Dec. 17 1907

and that death occurred, on the date stated above, at 1 4 M. CAUSE OF DEATH (Secondary or Immediate)

, Pulmonary tuberculosis

One year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Eugene Kerr M.D.

Address 708 Woodlawn Road W.B. Fate of Hotel Thomas

Date Jan. 8, 1908

Place of Burial Baltimore Cemetery

Date Jan. 9 1908

Undertaker Henry Hoede & Son

Address 1351 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 8252 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 Edmondson Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emil C. Metzger

{Residence, if in Baltimore, Give Street and Number.} 1900 Edmondson Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 24th 1908

AGE: — years, 1 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emil C. Metzger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ellen Wells

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil C. Metzger

(Address) 1900 Edmondson Ave

Filed 1/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1908 to Jan. 8, 1908 that I last saw him alive on Jan. 7, 1908 and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH, (Secondary or Immediate)

La Grippe

(DURATION) 7 DAYS

Con'tributory (Primary) Capillary Bronchitis

(DURATION) 7 DAYS

(Signed) John Head M.D.

Address 630 N. Gilmor st

Date Jan. 8, 1908

Place of Burial London Park

Date Jan 10th 1908

Undertaker G. F. McCormick

Address 17296 Lombard st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8253

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 S Eutaw St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John & C Bracer

{Residence, if in Baltimore, Give Street and Number.} 500 S Eutaw st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 31 1861

AGE: 46 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower -

BIRTHPLACE (State or country): Germany -

FULL NAME OF FATHER: Frederick Bracer -

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bracer

(Address) 500 S Eutaw St

Filed 1/9 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 7 1908

that I last saw h im alive on Jan 7 1908

and that death occurred, on the date stated above, at 12/30 P M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) DAYS

Con'ributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) J. McCampbell M.D.

Address 602 N. Paca

Date Jan 9 1908

Place of Burial Loudon Park

Date Jan 10 1908

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 8254

Registered No. B.....

City of Baltimore, (No. 875 N. Lombard St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Luther F. Warner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 20th 1839 (Month) (Day) Year)

AGE: 68 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Asa Warner

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Sarah Read

BIRTHPLACE OF MOTHER (State or country): Wales. G.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brookesdon

(Address) 17 S. Calhoun st

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 7th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1907 to Jan. 7th 1908 that I last saw h[im] alive on Jan. 7th 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Apoplexy (DURATION) 9 DAYS

Contributory Arteriosclerosis (DURATION) DAYS

(Signed) R. A. Warner M. D.

Jan. 7 1908 (Address) 875 N. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park cem | DATE OF BURIAL: 1-10 1908

UNDERTAKER: Robt. Brookesdon | ADDRESS: 17 S Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8255

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 816 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose Fletcher

{Residence, if in Baltimore, Give Street and Number.} 816 Woodyear Ln

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince Geo Co Md

FULL NAME OF FATHER: William Fletcher

BIRTHPLACE OF FATHER (State or country): St Marys Co

MAIDEN NAME OF MOTHER: Harriett Fletcher

BIRTHPLACE OF MOTHER (State or country): St Marys Co

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Per Sister Lucy an Hall

(Address) 1421 Carrow Al—

Filed 1/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Jan 7 1908

that I last saw her alive on Jan 6 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

8 mos (DURATION) DAYS

Con'tributory (Primary.) Asthenia

2 mos (DURATION) DAYS

(Signed) E E Howard M.D.

Address 939 W Fayette

Date Jan 7 1908

Place of Burial ~~Dear~~ Mt Auburn Cem

Date January 9 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B ..... C 8256 45

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Ross

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. 3 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Father

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. B. Pollard

(Address) 1702 N. Lombard

Filed 1/9 1908

HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7. 1908

I HEREBY CERTIFY, That I attended deceased from 12/19/1907 to 1/7 1908

that I last saw him alive on Jan 7 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia

(DURATION) 21 DAYS

Contributory (Primary.) Carcinoma-tosis

(DURATION) 2 years

(Signed) J. H. Baird M.D.

Address University Hosp

Date January 8 1908

Place of Burial Mt Olivet Cemetery

Date Jany 10th 1908

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C 8257 Registered No. B C 8257

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 501 ~~Booth~~ N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Mary Allen

{ Residence, if in Baltimore, Give Street and Number. } 501 ~~Booth~~ N. Bruce St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH — 1

AGE about 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 1/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1907 to Dec 3d 1907 that I last saw h-er alive on Dec 3rd 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Regurgitation
& General Debility

— (DURATION) — DAYS

Contributory (Primary.) — (DURATION) DAYS

(Signed) Joel Montague M.D.

Address 220 Eutaw Pl

Date Jan 3 1907

Place of Burial Mt. Auburn

Date Jany 9. 1908

Undertaker R. A. Elliott

Address 206 Rogers Ave

(Morgue)

303

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VI

C8258

Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 University Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Johnston

{Residence, if in Baltimore, Give Street and Number.} Richmond Va

Duration of Residence in Baltimore. 3 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Smith

(Address) 3624 E. Broad St

Filed 1/8 Richmond Va

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Contusion of head caused by a ground stone falling

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date Jan 9 1908

Place of Burial Richmond Va

Date Jan 9 1908

Undertaker Geo J. Smith Co

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C8259

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 14 N. Wolfe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Eva Fritsch

{ Residence, if in Baltimore, Give Street and Number. } 14 N. Wolfe st

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 2 1836

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Sommers

BIRTHPLACE OF FATHER (State or country): Ger.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ger.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Rosenthal

(Address) 14 N. Wolfe st

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1907 to Jan. 7th 1908

that I last saw her alive on Jan. 7th 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Lobar Pneum.

(DURATION) DAYS

(Signed) Maurice Fox M.D.

Address 1835 E. Baltimore St

Date Jan 8th 1908

Place of Burial Holy Redeemer

Date Jan. 10 1908

Undertaker Jas. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8260

CERTIFICATE OF DEATH.

(Place of Death.) No. 2202 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Abbott

{ Residence, if in Baltimore, Give Street and Number. } 2202 E. Fayette st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 6. 1833

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Steamboat Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Abbott

(Address) 2202 E. Fayette st

Filed 1/9 1908 DANIEL C. ARMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1907 to Jan 6 1908 that I last saw him alive on Jan 6 1908 and that death occurred, on the date stated above, at 1 p. m. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation &
Dropsy

7 or 8 months (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) R. P. Carman M.D.

Address 1701 N. Carolina st

Date Jan 9 1908

Place of Burial Mt. Olivet Cem.

Date Jan. 11 1908

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH.

Registered No. B 68261

City of Baltimore, (No. Greenup Court 1013 St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sewell K. Dickerson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 30 (Day) 1856 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Emory Dickerson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Dickerson

(Address) 1013 Greenup St

Filed 1/9 1908

HARRY C. ANDR[illegible]
PERMIT CL[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 7 1908

that I last saw h[illegible] alive on Jan 7 1908,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Bronchitis - Acute

(DURATION) 6 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. J. Bullen M. D.

Jan. 8 1908 (Address) 1418 Light St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Western Bur

DATE OF BURIAL: January 10 1908

UNDERTAKER: H. Doyle and Sons

ADDRESS: 17 E. Lee St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B [illegible]

CERTIFICATE OF DEATH.

C 8262

120

(Place of Death.) No. 1821 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Tully

{Residence, if in Baltimore, Give Street and Number.} 1821 Covington St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: unknown 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Philip Tully

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget McGraw

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Detective

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R Tully

(Address) 1821 Covington St

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to Jan 7 1908 that I last saw him alive on Jan 7 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) Not given DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Jan 8 1908

Place of Burial New Cathedral Cem

Date Jan 10 1908

Undertaker John F Fahey

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

11 v

C 8263

C 8263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1914 E Madison St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs L Berger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 28 1846 (Month) (Day) (Year)

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Philip Berger.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Mniegan.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Berger

(Address) 1914 E. Madison St

Filed 1/9 190 8

HARRY C. AGNEW,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1908 to Jany 7 1908 that I last saw h[im] alive on Jany 7 1908, and that death occurred, on the date stated above, at ..... P.M. The CAUSE OF DEATH was as follows:

Cirrhosis Liver
Ascites

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Francis Whiley M.D.

Jany 9 1908 (Address) 110 E Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 10 1908
UNDERTAKER	ADDRESS
Geo M. Frink	811 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B ....

CERTIFICATE OF DEATH.

C 8264
90

(Place of Death.) No. 705 N Chester St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M Bromwell

{Residence, if in Baltimore, Give Street and Number.} 705 N Chester

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 25 1907

AGE: ..... years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Nathaniel Bromwell

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Catherine Golden

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathaniel Bromwell

(Address) 705 N Chester

Filed 1/9 1908

HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 9 1908

that I last saw h alive on Jan 8 1908

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Alfred L Engel M.D.

Address 727 N Broadway

Date 1/9/08 1908

Place of Burial Mt. Carmel Cem

Date Jan 10 1908

Undertaker Geo M. Frink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person having the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age** [illegible] deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 8265
64

(Place of Death.) No. 1617c Presbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Isackson

{Residence, if in Baltimore, Give Street and Number.} 1617. Presbury

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 1 years, 9 months, ____ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bennie Isaacson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Rosenfeld

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Bloom

(Address) 1076 Baltimore st

Filed 1/9 1908

HENRY C. ARDREYS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Jan 9 1908 that I last saw h alive on Jan 9 1908, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Brain (Convulsions) (DURATION) One DAYS

Con'ributory (Primary) Intestinal indigestion (DURATION) ____ DAYS

(Signed) Brian Jones M.D.

Address 1744 N Gilmor

Date Jan - 9th 1908

Place of Burial Hebrew Cem Fen Run Cemetery

Date Jan 9 1908

Undertaker Mart Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

C 8266

(Place of Death.) No. Hebrew Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Caplan

{Residence, if in Baltimore, Give Street and Number.} Aged Home 811 Gilmor St.

Duration of Residence in Baltimore. 24 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 20 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Sam Schen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Thrina Shustnick

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Caplan

(Address) 111 Gilmor St

Filed 1/9 1908 BARNEY S. HERMAN, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-9 1908

I HEREBY CERTIFY, That I attended deceased from 12-21 1907 to 1-9 1908

that I last saw her alive on 1-9 1908,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) B. C. Abloff M.D.

Address 116 Gilmor St.

Date 1-9 1908

Place of Burial Hebrew Hering Rim Cemetery

Date Jan 10 1908

Undertaker Max Levinson

Address 162 Jno Eden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Registered No. C 8267

C8267

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1125 E. Baltimore St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Catherine E. Mc Gonigle

{ Residence, if in Baltimore, Give Street and Number. } 1125 E. Baltimore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 27 1870

AGE 37 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Daniel Mc Gonigle

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Stark

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Tweedy

(Address) 1125 E Balto St.

Filed 1/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1907 to Jan 8th 1908

that I last saw her alive on Jan. 5th 1908

and that death occurred, on the date stated above, at 12.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) 6 mos. DAYS

Contributory (Primary)

Asthenia (DURATION) 2 mos. DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Av.

Date Jan. 9th 1908

Place of Burial St. Vincents Cem.

Date Jan. 10th 1908

Undertaker Jno. A. Inman

Address 1218 Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

C 8268

Registered No. B.....

City of Baltimore, (No 1319, Hillman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothea Platt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 28 (Day) 1826 (Year)

AGE: 81 years, 9 months, 15 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Krick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Nettie Kossman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mrs. Kesler

(Address) 1319 Hillman st.

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1907 to Jan 7 1908

that I last saw h er alive on Jan 7 1908,

and that death occurred, on the date stated above, at 11.45 a. m. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) 24 hours.

Contributory Old Age. Chronic Valvular Heart Disease (DURATION) ..... DAYS

(Signed) J. C. Knapp. M. D.

Jan 8 1908 (Address) 1214 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: Jan. 10 1908

UNDERTAKER: P. J. Dill & Son | ADDRESS: 746 Columbia ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10

C 8269

Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1018 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Grace Shumma

{Residence, if in Baltimore, Give Street and Number.} 1018 E Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 21st 1892

AGE: 15 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Central

FULL NAME OF FATHER: William F. Shumma

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Elizabeth Bowers

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elizabeth Shumma

(Address) 1018 E. Chase St.

Filed 1/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 7 1908

that I last saw her alive on Jan 7 1908,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia —

(DURATION) 9 DAYS

Contributory (Primary.) none

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date Jan 8 — 1908

Place of Burial Loudon Park Cemetery

Date January 10th 1908

Undertaker Henry Stockslager

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

174

(Place of Death.) No. Cor. of Chester St & Ashland Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph L. Streckfus

{Residence, if in Baltimore, Give Street and Number.} 817 N. Washington St.

Duration of Residence in Baltimore. Lifetime

C8270

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 7th 1873
AGE	34 years, 8 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Leonard J. Streckfus
BIRTHPLACE OF FATHER (State or country)	Baltimore Co. Md.
MAIDEN NAME OF MOTHER	Mary Ann Keyhan
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Brick maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard J. Streckfus

(Address) 817 N. Washington St.

Filed 1/9 1908

HARRY C. ANDREWS.
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1908

I HEREBY CERTIFY, That I attended deceased from

1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inhalation of Poisonous gases while diving in sewer

(DURATION) DAYS

Con'ributory (Primary) Accidental

(DURATION) DAYS

(Signed) Fredk Cunliffe M.D.

Address Coroners office

Date Jan 9-08 1908

Place of Burial New Cathedral Cemetery

Date Jan. 10, 1908.

Undertaker Germanus Thanz

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B .....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 914 Valley St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Goldew

{ Residence, if in Baltimore, Give Street and Number. } 914 Valley St.

C8271

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or country) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or country) ~

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Goldew

(Address) 914 Valley St

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9th 1908

I HEREBY CERTIFY, That I attended deceased from January 2nd 1908 to January 7th 1908

that I last saw him alive on January 7th 1908 at 4.30 P.M. and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. O'Brien M.D.

Address 1501 Eager St

Date January 9th 1908

Place of Burial Holy Cross Cem

Date Jan 10 1908

Undertaker Jacob Thomas Co

Address 754 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...rial.

...nd be it further enacted and ordained, That whenever any person shall die in the said city it shall be ...cian who attended ... during his or her last sickness, or the Coroner, when the case comes under his ...n eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate ...he same can be ascertained, the full name, sex, age, condition (whether married or single) of the person ...and date of death.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 615 n Saratoga St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Antonino D'Alfonzo

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 615 N Saratoga

Duration of Residence in Baltimore. Lifetime C8272

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ...1...

AGE: ...years, 10 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~m~~

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Guiseppe Purpura

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Grazzia D'Alfonzo

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: ~~—~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) + Purpura

(Address) 615 n Saratoga

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9 1908

I HEREBY CERTIFY, That I attended deceased from December 27 1907 to January 9 1908

that I last saw her alive on January 9 1908

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) ...DAYS

Contributory (Primary)

(DURATION) ...DAYS

(Signed) Joseph Barranco M.D.

Address 20 h of Greene Sts

Date January 9 1908

Place of Burial St. Timothy

Date January 10 1908

Undertaker Robt Thomas

Address 1442 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

Ward 6 Registered No. B

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 2321 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie C. Schultze

{Residence, if in Baltimore, Give Street and Number.} 2321 E Biddle C8273

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	Mar 15 1907
AGE	years, 9 months, 23 days
SINGLE, MARRIED, WIDOWED OR DIVORCED	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Herman Schultze
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Annie Rahmann
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Herman Schultze

(Address) 2321 E Biddle

Filed 1/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 8 1908 that I last saw h[illegible] alive on Jan 8 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

E of Rheumatism (DURATION) 6 DAYS

(Signed) A. M. Maddrey M.D.

Address 1540 N Broadway

Date Jan 9 1908

Place of Burial Dale Cemetery

Date Jany 10 1908

Undertaker Robt Kenney

Address 1442 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 212 Myrtle Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Bessie Holmes

{Residence, if in Baltimore, Give Street and Number.} 212 Myrtle Ave

C 8274

Duration of Residence in Baltimore. 17 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Sanford N. C.

FULL NAME OF FATHER: William Holmes

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Cora B. Clark.

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora B. Holmes

(Address) 212 Myrtle ave

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Jan 8 1908

that I last saw her alive on Jan 8 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Endocarditis

None (DURATION) DAYS

Con'tributory (Primary.) Anaemia

1 wk (DURATION) DAYS

(Signed) V I Norwood M.D.

Address 939 W Fayette St

Date Jan 8 1908.

Place of Burial Laurel Cemetery

Date Jan 11 1908

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93*

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alphonsa Bailey

{Residence, if in Baltimore, Give Street and Number.} 1816 N Chester st

C8275

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 18th 1854

AGE: 53 years, 10 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Oliver C. Lampley

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ester A Jackson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Riley Jones

(Address) 1829 Harford ave

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 8 1908

that I last saw h[illegible] alive on Jan 7 1908,

and that death occurred, on the date stated above, at 1.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

(DURATION) 8 DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Broadway

Date Jan 8th 1908

Place of Burial Baltimore Cemetery

Date January 12th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument sts

WM. J. C. DULANY CO., BALTIMORE.

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Schaefer

{Residence, if in Baltimore, Give Street and Number.} 1408 N Chester

C 8276

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 9th 1854

AGE: 53 years, 7 months, days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Max Schaefer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Euphrosina Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Euphrosina Delcher

(Address) 2250 E Hoffman st

Filed 1/10 1908

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 9 1908 that I last saw h— alive on Jan 9 1908, and that death occurred, on the date stated above, at 6.0 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia
+ Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) La Grippe (DURATION) 3 DAYS

(Signed) Ed Delcher M.D.

Address 2250 E Hoffman St

Date Jan 9 08 190

Place of Burial Baltimore Cemetary

Date January 11th 190 8

Undertaker George Schilling & Son

Address 1126 E Monument sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8277

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche S Sheldon

{Residence, if in Baltimore, Give Street and Number.} 534 W Conway St

C8277

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles C. Vansant

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary Connolly

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Connolly

(Address) 534 W. Conway st

Filed 1/10 1908 HENRY C. ANDREAS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan 8 1908

that I last saw him alive on Jan 8 1908

and that death occurred, on the date stated above, at 1 20 A M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) ..... DAYS

Contributory (Primary.) Chronic nephritis (DURATION) ..... DAYS

(Signed) J. W. Clough M.D.

Address Johns Hopkins Hosp

Date January 8 1908

Place of Burial Cathedral Cemetery

Date Jan 10 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

KODAK SAFETY FILM

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 554 East Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina J. Reinek

{ Residence, if in Baltimore, Give Street and Number. } 554 E. Fort ave.

C8278

Duration of Residence in Baltimore. 6 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fmale	white

DATE OF BIRTH July 10th 1907

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Reinek

BIRTHPLACE OF FATHER (State or country) Gromany

MAIDEN NAME OF MOTHER Annie Helder

BIRTHPLACE OF MOTHER (State or country) Gromany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Reinek

(Address) 554 E. Fort ave

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1908 to Jan 9 1908 that I last saw h.. alive on Jan 9 1908, and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Bronchopneumonia

(DURATION) 9 DAYS

(Signed) Frank J Doyle M.D.

Address 611 E. Fort Ave

Date Jan 9th 1908

Place of Burial Cedar Hill

Date Jan 10 1908

Undertaker Jos. Stumbeck

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8279 Registered No. B .....

CERTIFICATE OF DEATH. 154

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oakes. Tobey --

{ Residence, if in Baltimore, Give Street and Number. } Bay View

C8279

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 76. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 1/10 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Jan 8 1908

that I last saw h-- alive on Jan 8 1908,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Jan. 8 1908

Place of Burial Sacred Heart

Date Jany. 10 1908

Undertaker Evans & Speed

Address 118 & 120 W. Mt Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 8280

91

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8280

City of Baltimore, (No. 1432 Hull St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael B Heaver

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown 1 .....
(Month) (Day) Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sue E Heaver

(Address) 1432 Hull

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 7 1908

that I last saw him alive on Jan 2 1908

and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

1 Bronchitis

(DURATION) 10 DAYS

Contributory Pulmonary

(DURATION) 242 DAYS

(Signed) W. I Bruce M. D.

Jan 8 1908 (Address) 1418 Light St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former of Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudenslak — DATE OF BURIAL: Jan 10 1908

UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8281

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name J Henry Carr

{ Residence, if in Baltimore, Give Street and Number. } 618 W North Ave

C 8281

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Carr

(Address) 618 W Marshall

Filed 1/10 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 9 1908 that I last saw h.. alive on Jan 9 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 4 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) H H Baker M.D.

Address Balto City Hospital

Date Jan 9 1908

Place of Burial Cathedral Cem

Date Jan 11 08. 190

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1154

(Place of Death.) No. 623 Pitcher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Adam Offner

{Residence, if in Baltimore, Give Street and Number.} 623 Pitcher St. C8282

Duration of Residence in Baltimore, Life 77 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Florence Ratcliffe

(Address) 609 Pitcher St

Filed 1/10 1908

NANCY C. ANDRES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 8 1908

that I last saw him alive on Jan 8 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jesse Ehrenfeld M.D.

Address 1701 Eutaw

Date Jan 8 1908

Place of Burial St. Vincents

Date Jan 11 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO. Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 8283

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 907. N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Mathews.

{ Residence, if in Baltimore, Give Street and Number. } 907. N. Vincent St

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH April 10 1836

AGE 71 years, 9 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER John Mathews

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Annistie Mathews

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dwight Jacob Mathews

(Address) 709 N. Vincent St

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 6 1908

that I last saw h[illegible] alive on Jan 6 1908

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 2 DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) J. C. Monts M.D.

Address 638 E Lexington

Date Jan 8 1908

Place of Burial Cut autumn

Date Jan 10 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1619 Pulaski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Griffith

{ Residence, if in Baltimore, Give Street and Number. } above

C 8284

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: ..... years, 9 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Lewis Griffith	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Sophie Senior	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Griffith

(Address) 1619 Pulaski

Filed 1/10 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1908

I HEREBY CERTIFY, That I attended deceased from January 6 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) J. D. Schwartz M.D.
Coroner

Address 211 N. Lanvale

Date 1. 8 1908

Place of Burial Mt Auburn

Date Jan 10 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8285

120

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Samuel Seabrooks

{Residence, if in Baltimore, Give Street and Number.} 664 Penn Alley

Duration of Residence in Baltimore. 59 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	Colored

DATE OF BIRTH: 1

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 664 Penn alley

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 7 1908

that I last saw h in alive on Jan 7 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Coma with Cardiac Failure.

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Hypertrophy of Heart. Fatty degeneration, Chr. Interstitial Nephritis

(Signed) J. H. Legg M.D.

Address University Hospital

Date Jan 9 1908

Place of Burial Mt. Auburn

Date January 10 1908

Undertaker R. A. Ellicott

Address 506 Rogers Avenue

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 505 Walnut St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie Hall Race

{ Residence, if in Baltimore, Give Street and Number. } 505 Walnut St

C 8286

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Col.

DATE OF BIRTH —— 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Chas. Hall

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Wilson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Her Sister

(Address) 505 Walnut St.

Filed 1/10 1908

HARRY C. ANDRUS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1907 to Jany 8 1908

that I last saw her alive on Jany 7 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Frank E. Wagner M.D.

Address 2220 Druid Hill Ave

Date January 8th 1908

Place of Burial Asbury Cemetery

Date January 10 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH

C8287 27

(Place of Death.) No. 124 W York St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Washington

{ Residence, if in Baltimore, Give Street and Number. } 124 York St

Duration of Residence in Baltimore. 52 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

(Address) 124 W York St

Filed 1/10 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 190 8

I HEREBY CERTIFY, That I attended deceased from July 20 190 7 to Jan 8 190 8

that I last saw h alive on Jan 7 190 8,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Edmond Smith M.D.

Address 538 Hanover St

Date Jany 8 190 8

Place of Burial St Peters

Date Jan 11 190 8

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8268

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 306 East 20½ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Alex - Driver

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Two months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Washington D C

FULL NAME OF FATHER Chas Price

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sofa Driver

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sofa Driver

(Address) 306 20½ st

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address J. D. Feldmeier Coroner 211 N. Lanvale 1.8.09

Date 190

Place of Burial Laurel

Date Jan 11 190 8

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

74

CERTIFICATE OF DEATH.

(Place of Death.) No. 572 W Preston St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Green

{ Residence, if in Baltimore, Give Street and Number. } 572 W. Preston h

C8289

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 5 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles A Burley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A Gaither

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son Galley Green

(Address) 572 W. Preston

Filed 1/10 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug't 6 1907 to Jan 9 1908 that I last saw her alive on Jan 8 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 5 Mos

(Signed) John E Snell M.D.

Address 647 W Lafayette Ave

Date Jan 9 1908

Place of Burial Mt Auburn

Date Jan 12 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

123

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Wilson

{ Residence, if in Baltimore, Give Street and Number. }

C829D

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: December 18th 1840	
AGE: 67 years, months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Robert Benzone,	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Charlotte Grant	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 9th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[er] alive on Jany 8 1908

and that death occurred, on the date stated above, at 3.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Unknown (DURATION) DAYS

Contributory (Primary.) Cystitis

3 months (DURATION) DAYS

(Signed) T. C. Warner M.D.

Address 1133 Valley st

Date January 9 1908

Place of Burial Balto Cem

Date Jan 11th 1908

Undertaker E. Schlosman Son

Address 109 Hanover st

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1827 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Harriet Christopher

{ Residence, if in Baltimore, Give Street and Number. } 1827 Jackson St.

Duration of Residence in Baltimore. 11 yrs

C 8291

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept 30 1837

AGE 70 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Thompson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice M. Dunnivin

(Address) 1827 Jackson St

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from April 1907 to Jan 1908

that I last saw her alive on Jan 5 1908,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac insufficiency

(DURATION) 7 DAYS

Contributory (Primary.) Endocarditis

(DURATION) 1 yr

(Signed) Le-A. Lelong M.D.

Address 435 E. Fort Ave

Date Jan 9 1908

Place of Burial Mount Carmel

Date Jan 10 1908

Undertaker E. Schlosman & Son

Address 1029 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1136 Warner St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. W. Hayes

Residence, if in Baltimore, Give Street and Number. 1136 Warner St

C 8292

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colrd

DATE OF BIRTH: 1

AGE: 19 years, 1 months, 24 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Single

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: Charlie Hayes

BIRTHPLACE OF FATHER (State or country): Bal

MAIDEN NAME OF MOTHER: georgianne fisher

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlie Hayes

(Address) 1136 Warner St

Filed 1/10 190 8

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 7/08 190

I HEREBY CERTIFY, That I attended deceased from Dec. 26/07 190 to Jany. 7/08 190

that I last saw him alive on Jany 7/08 190,

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 3 DAYS

(Signed) C D Ellis M.D.

Address 915 Light St

Date Jany 8/08 190

Place of Burial Mt Zion cemetery

Date Jan 10 190 8

Undertaker John H. Toadvine

Address 1142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 823 Pierce St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clifton Asborn Anderson

{ Residence, if in Baltimore, Give Street and Number. } 823 Pierce C 8293

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH May 26 1907

AGE ..... years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt. Md

FULL NAME OF FATHER Wilbert Anderson

BIRTHPLACE OF FATHER (State or country) Kent Co. Md

MAIDEN NAME OF MOTHER Sarah Henry

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Thomas

(Address) 823 Pierce st

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1908 to Jan 8 1908 that I last saw h in alive on Jan 8. 1908 and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Jno. G. Stratton M.D.

Address 901 Myrtle Ave

Date Jan. 9 1908

Place of Burial Mt Auburn county

Date Jan 11 1908

Undertaker Jas H Jaadmon

Address 1142 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name John F Fletcher

{Residence, if in Baltimore, Give Street and Number.} 516 N Fulton Ave

Duration of Residence in Baltimore. 50 years - C 8294

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH ....., 1.....

AGE 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Waterford, Ireland

FULL NAME OF FATHER John Fletcher

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Julia Fitzsimmons

BIRTHPLACE OF MOTHER (State or country) Dublin, Ireland

OCCUPATION OF DECEASED Lab -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev W. A. Fletcher, D.D.,

(Address) 408 N. Charles St.

Filed 1/10 1908. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 8 1908 that I last saw him alive on Jan 8 1908 and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) W W Esher M.D.

Address Bath City Hospital

Date Jan 8 1908

Place of Burial New Cathedral

Date Jany 11th 1908

Undertaker Wolfert in Sons Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 903 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

~~Full~~ Name (parents: Geo. W. Kissey, Annie D. Kissey)

{Residence, if in Baltimore, Give Street and Number.} 903 Light St.

C8296

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 7 1908

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo W. Hissey

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie D. Roberts

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Hissey

(Address) 903 Light St

Filed 1/10 1908

HENRY G. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 10 1908

I HEREBY CERTIFY, That I attended deceased from Jany 9 1908 to Jany 9 1908

that I last saw him alive on Jany 9 1908,

and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) 3 DAYS

(Signed) W. S. Smith M.D.

Address 520 Hanover St

Date Jany 10 1908

Place of Burial Cedar Hill Cem

Date January 10 1908

Undertaker Wm J. Tickner & Sons

Address 415 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara A. Shipley

{Residence, if in Baltimore, Give Street and Number.} 1423 E. Eager str

Duration of Residence in Baltimore. Since birth C8295

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH October 31 1867

AGE 43 years, 1 months, 8 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Frederick Gephardt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Lauder

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Lorlace Shipley

(Address) 1423 E. Eager Str

Filed 1/10 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1908 to Jan. 8th 1908

that I last saw her alive on Jan. 8th 1908, and that death occurred, on the date stated above, at 9.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Grip

1 week (DURATION) DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) DAYS

(Signed) Charles A. Meyer M.D.

Address 1031 N. Caroline St

Date Jan. 9th 1908

Place of Burial Loudon Park

Date Jan 11. at one o'clock P.M. 1908

Undertaker J. Wesley Jackson & Son

Address 740 N. Gay st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1439 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Stanley Bunting

{ Residence, if in Baltimore, Give Street and Number. } 1439 Hanover St.

Duration of Residence in Baltimore Life time

C8297

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 29 1907

AGE ..... years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Edwin Bunting

BIRTHPLACE OF FATHER (State or country) Baltimore County

MAIDEN NAME OF MOTHER Sadie Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin Bunting

(Address) 1439 Hanover St.

Filed 1/10 1908

HARRY C. ARDKERS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 8 1908

that I last saw her alive on Jan 8 1908,

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. H. Broadbent M.D.

Address 1439 Hanover St

Date January 9 1908

Place of Burial Western Cemetery

Date January 10 1908

Undertaker John G. Evans & Son

Address 1126 S. Charles St.

WM. J. C. DULANY CO., Baltimore

C8298

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 W Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Malachi J Blondell

{Residence, if in Baltimore, Give Street and Number.} 1209 W Lafayette Ave

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 10th 1849

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: John T Blondell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Honore T Gleeson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Car Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs T Blondell

(Address) 1209 W Lafayette Ave

Filed 1/10 1908

[illegible] G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 8 1908 that I last saw h— alive on Jan 8 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(I)

(II) Chronic (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. 2d Lilly M.D.

Address 1113 Linden Ave

Date Jan 9th 1908

Place of Burial New Cathedral

Date Jany 10th 1908

Undertaker M Flaherty & Sons

Address 1062 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C8299

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 515 E 22nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Gunning

{ Residence, if in Baltimore, Give Street and Number. } 515 E. 22nd St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Feb 11th 1865

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Patrick Reilly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary A Dailey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Gunning

(Address) 515 E. 22nd St

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1907 to Jan 8th 1908

that I last saw her alive on Jan 8th 1908,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

11th (DURATION) DAYS

Contributory (Primary) Chronic Rheumatism

for month (DURATION) DAYS

(Signed) Jno. Bowie Bayne M.D.

Address 104 E. Madison St

Date Jan 10th 08 1908

Place of Burial New Cathedral

Date Jan 11th 1908

Undertaker Martin Fahey & Co

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C8300 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1224 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name abe Shapiro

{ Residence, if in Baltimore, Give Street and Number. } 1224 Mc Elderry st

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ~~Jan 10~~ ~~1908~~

AGE ..... years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Dan Shapiro

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida ~~Shapp~~ Sindlin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. G. Freedman M.D.

(Address) 918 E Fayette st

Filed Jan 10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 9 1908 that I last saw him alive on / / 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the lungs

One day (DURATION) DAYS

Contributory (Primary.) Broncho Pneumonia

One Weeks (DURATION) DAYS

(Signed) G. G. Freedman M.D.

Address 918 E. Fayette st

Date Jan 10 1908

Place of Burial Hebrew Rondale Cemetery

Date Jan 10 1908

Undertaker West Leisner

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1716 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fullet Waters

{Residence, if in Baltimore, Give Street and Number.} 1716 W Lombard st

Duration of Residence in Baltimore. 30 years 8301

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 22nd 1843

AGE 64 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll Co. Md

FULL NAME OF FATHER Somerset R Waters

BIRTHPLACE OF FATHER (State or country) Frederick, Co. Md

MAIDEN NAME OF MOTHER Rachel Davis

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Retired (Grocer)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ona L. Waters

(Address) 1716 N Lombard

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan 8 1908 that I last saw h[illegible] alive on January 7 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) One DAYS.

Contributory (Primary.) Apoplexy

(DURATION) DAYS

(Signed) James Buckley M.D.

Address 1701 Hollins st

Date January 9th 1908

Place of Burial London Park Cemetery

Date Jan 10th 1908

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

176

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8302

Registered No. B .....

City of Baltimore, (No. 428 N Patterson Park av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Lynch

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. (Month) 9th (Day) 1908 (Year)

AGE 8 hours. — years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John H. Lynch

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Lillian Lanty.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Lynch

(Address) 428 N. Patterson Pk. Ave.

Filed 1/10 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Jan 9 1908 that I last saw him alive on Jan 9 1908, and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

Dying at birth from Instinct

(DURATION) 7½ hours

Contributory Hemorrhage

(DURATION) ..... DAYS

(Signed) Howard C. Silver M. D.

Jan 9 1908 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lanty Cemetery	Jan. 10½ 1908
UNDERTAKER	ADDRESS
H. Gaudin & Son	1310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 806 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Brent

{ Residence, if in Baltimore, Give Street and Number. } 806 George St.

Duration of Residence in Baltimore. all life. C 6303

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C

DATE OF BIRTH: Dec. 23, 1907

AGE: ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Howard D. Brent.

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Sabina Clark

BIRTHPLACE OF MOTHER (State or country): Baltimore City.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard D. Brent

(Address) 806 George St

Filed 1/10 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 9 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Jan 9 1908 that I last saw h[illegible] alive on Jan 8 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition (DURATION) 17 DAYS

Contributory (Primary.) Premature. 7½-8½ month (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1313 N. Carey

Date January 9, 1908.

Place of Burial Mt Auburn Cem.

Date Jan 10th 1907

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C8304 Registered No. B 42

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary, 1514 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Catherine Gladfelter

{Residence, if in Baltimore, Give Street and Number.} 1224 Maryland Ave, Baltimore Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Jany 19 1834

AGE 63 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Catherine Lankeine

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Gladfelter

(Address) 1224 Maryland Ave

Filed 1/10 1908 HARRY C. ANDREWS, PARCIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1907 to Jan 10 1908 that I last saw h.r alive on Jan 10, 1908, and that death occurred, on the date stated above, at 1:20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of groin (right)

(DURATION) 3 mo DAYS

Contributory (Primary.) cancer of uterus

(DURATION) 1 yr DAYS

(Signed) Virginia [illegible] M.D.

Address Union Protestant Infirmary

Date Jan. 10 th 1908

Place of Burial Springfield Ohio

Date January 10" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

174

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Carmona Disalvo.

{Residence, if in Baltimore, Give Street and Number.} 1311 — 1st (Balto Co Md

Duration of Residence in Baltimore. —

C8305

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1876
AGE	32 years, — months, ✓ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evans & Spence

(Address) 118 W. Mt. Royal Ave

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8 50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gas Asphyxia
Accidental

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroner

Date Jan 10—08 ✓ 190...

Place of Burial Philadelphia Pa.

Date January 16" 1908

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Emrich

{ Residence, if in Baltimore, Give Street and Number. } 1532 W. Fayette St.

C8306

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 28th 1853

AGE 54 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER William Emrich

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Faustman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Emrich

(Address) 1532 W. Fayette St

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Jan. 9th 1908

that I last saw h[illegible] alive on Jan. 9th 1908,

and that death occurred, on the date stated above, at 4.30

4 M. CAUSE OF DEATH (Secondary or Immediate)

Forensic

(DURATION) DAYS

Contributory (Primary) Cellulitis of Neck

(DURATION) DAYS

(Signed) E. W. Roberts M.D.

Address University Hospital

Date Jan 9th 1908

Place of Burial Loudon Park Cemetery

Date Jan. 12th 1908

Undertaker Jas. Ivers John T. Jewell

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 639 W. Mulberry str St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Meta Feldhaus

{ Residence, if in Baltimore, Give Street and Number. } 639 W. Mulberry str.

C8307

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH April 12 1833

AGE 75 years, 8 months, 27 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Bruns

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) the family

(Address) 639 W. Mulberry

Filed 1/10 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9 1908

I HEREBY CERTIFY, That I attended deceased from January 6 1908 to January 9 1908 that I last saw her alive on Jan 9 1908 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate

Broncho - Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Bronchi

to (DURATION) DAYS

(Signed) Marie E. Thalwitzer M.D.

Address 814 W. Fayette

Date January 10. 1908

Place of Burial Baltimore County

Date Jan 11 1908

Undertaker Mrs Andrew Robertson

Address 730 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE

10

CERTIFICATE OF DEATH.

(Place of Death.) No. Mayfield Falls Road & Weymans St. Carr (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roderick Anderson.

{Residence, if in Baltimore, Give Street and Number.} Mayfield Falls Road & Weymans Carr

C8308

Duration of Residence in Baltimore. 28 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July. 20th 1835

AGE 72 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Edw. E. Anderson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Phelps

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Anderson

(Address) 3612 Cedar ave

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1908 to Jan 9th 1908 that I last saw h in alive on Jan 8th 1908, and that death occurred, on the date stated above, at 6 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

La Grippe Pulm. Oedema & Collapse

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Bronchitis Owned for

& general debility (DURATION) 7 DAYS

(Signed) Wm H. FitzHenry M.D.

Address 800 1st Ave

Date Jan 9th 1908

Place of Burial Odenton. Md.

Date Jan 11th 1908

Undertaker G. F. Shallcar

Address 723. W Saf. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

KODAK SAFETY FILM

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9v

CERTIFICATE OF DEATH.

d

Registered No. B 8309

City of Baltimore, (No. 1815, N. Register St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth A. Schappert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: May (Month) 31 (Day) 1847 (Year)

AGE: 60 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Shaw

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Elizabeth Matter

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clyde Schappert

(Address) 1815 N. Register St.

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5th 190 to Jan 8th 190 8

that I last saw h e alive on Jan 8th 190 8,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 1 DAY

Contributory Bronchitis

(DURATION) 10 DAYS

(Signed) Eugene Douglass M. D.

Jan 9th 1908 (Address) 830 W. Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Martinsburg W Va

DATE OF BURIAL: Jan 11 1908

UNDERTAKER: Ed Gaining

ADDRESS: 1908 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8

CERTIFICATE OF DEATH.

C 8311

Registered No. B .....

City of Baltimore, (No. # 10 N Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James W Bowers.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 23, 1826
(Month) (Day) Year)

AGE 81 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Kent Co Md

FULL NAME OF FATHER Pierce Bowers

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Mansfields

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED No

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Bowers

(Address) 10 N Calhoun St

Filed 1/10 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 6 1908 to Jany 8 1908, that I last saw him alive on Jany 8 1908, and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) John J G Bizzell M. D.

Jan 9 1908 (Address) 662 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL Jan 11 1908

UNDERTAKER J B Cook & Co — ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH. [redacted]

(Place of Death.) No. 128 E Lay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Donohue

{ Residence, if in Baltimore, Give Street and Number. } 128 E Lay st.

C8310

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: — 1

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not Known

BIRTHPLACE (State or country): — — — —

FULL NAME OF FATHER: — — — — —

BIRTHPLACE OF FATHER (State or country): — — — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Hankin

(Address) 1216 N. Caroline St

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 24 — 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to — 1908

that I last saw him — alive on — 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hankin M.D.

Address 1216 N. Caroline St.

Date Jan. 8 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date Jan 9 1908

Undertaker Commissioner Health.

Address P. F. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

Morgue

2 8 3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

54

(Place of Death.) No. 1229 N. Gay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary H Hesse

{ Residence, if in Baltimore, Give Street and Number. } 1229 N. Gay st

C8312

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	April 14 1806
AGE	51 years, 8 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Jacob Piercy
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Mary DeBough
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Hesse

(Address) 1229 N Gay St

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 9 1908

that I last saw h.. alive on Jan 9 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anaemia

(DURATION) 365 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Edward J. Cook M.D.

Address 1244 N. Gay St

Date 1-9-08 1908

Place of Burial M. Cem

Date January 11 1908

Undertaker Robt J Feuss

Address 1422 E. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Henson

{ Residence, if in Baltimore, Give Street and Number. } 621 Jackson St

C83B

Duration of Residence in Baltimore. Seventy years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Henson

(Address) Robison Alley 525

Filed 1/10 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7th 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas Boardman M.D.

Address 700 Lombard ave. (Towson)

Date Jan 9th 1907

Place of Burial National Cemetery

Date January 11 1908

Undertaker Alf H Gramley

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. The Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gumuuski

{ Residence, if in Baltimore, Give Street and Number. } 20 N. Bond St

C8314

Duration of Residence in Baltimore. 1.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/10 1908

HENRY C. ANDREES,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 8 1908

that I last saw h[illegible] alive on Jan 8 1908,

and that death occurred, on the date stated above, at 6 10 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Emphysema mitral insuf. myocarditis (DURATION) DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hosp.

Date Jan 8 1908

Place of Burial

Date JAN 10 1908 190

Undertaker Commissioner Health,

Address

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

30

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 322 S. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Barr

{Residence, if in Baltimore, Give Street and Number.} 322 S. Collington ave

Duration of Residence in Baltimore. Life

8315

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 1875

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Hugh Friel

BIRTHPLACE OF FATHER (State or couutry) Ireland

MAIDEN NAME OF MOTHER Ellen Mc Dennis

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Barr

(Address) 322 S. Collington ave

Filed 1/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1, 08 1908 to Jan 8, 1908 that I last saw h[illegible] alive on Jan 8 1908 and that death occurred, on the date stated above, at 1[illegible]6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date Jan 10 1908

Place of Burial Forest Lawn

Date Jan. 11th 1908

Undertaker Geo. A. Dunn

Address Baltimore

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8316

Registered No. B .....

City of Baltimore, (No. 432 N. Eden St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Albert Williams

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Col.
DATE OF BIRTH	May. (Month) 16th (Day) 1885 (Year)
AGE	22 years, 7 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	City.
FULL NAME OF FATHER	Jos. Williams
BIRTHPLACE OF FATHER (State or country)	City.
MAIDEN NAME OF MOTHER	Clara Cooper
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Williams.

(Address) 577. Oxford St

Filed 1/10 1908 HARRY C. ARDERS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 8th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to Jan. 8 1908

that I last saw h.. alive on Jan 8 1908

and that death occurred, on the date stated above, at 3.35 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) Thos. H. Magruder M. D.

1/10. 1908 (Address) 1516 E. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Jon C — DATE OF BURIAL Jan 14th 1908

UNDERTAKER Wm J. Gallman — ADDRESS 742 Mulberry

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 2323 E. Federal St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Vedral

{ Residence, if in Baltimore, Give Street and Number. } 2323 E Federal St

C8317

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sep 17 1898

AGE 9 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Frank Vendral

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Barbara Kallan

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Vendral

(Address) 2323 E Federal

Filed 1/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190.. 3

and that death occurred, on the date stated above, at 10 1/4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred K Carruthers M.D.

Address Penna Ave

Date Jan 10 — 08 190..

Place of Burial Oak Hill Cemetery

Date Jan 11 190 8

Undertaker Henry Lutz

Address 100 N Bond st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 971 N Chester st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Schrenbeck

{Residence, if in Baltimore, Give Street and Number.} 971 N. Chester st

Duration of Residence in Baltimore... 25 years C8318

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 18 1

AGE: 71 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Schaffer

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Lauer

(Address) 971 N. Chester st

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Jan 10 1908

that I last saw h.. alive on Jan 9 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis of Kidneys

one year (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W White M.D.

Address 1101 N Bryan

Date Jan 10 1908

Place of Burial Loraine Presby Cemetery

Date Jan 12th 1908

Undertaker J Henry Lutz

Address 1087 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah A Roberts

{Residence, if in Baltimore, Give Street and Number.} 1421 Ashland Ave

Duration of Residence in Baltimore. Life C8319

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH March 27 1819

AGE 88 years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Boston

FULL NAME OF FATHER James Kelly

BIRTHPLACE OF FATHER (State or country) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Roberts

(Address) 1421 ashland ave

Filed 1/11 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

La Grippe

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Legh Canulle M.D.

Address Coroner

Date Jan 10 1908

Place of Burial Baltimore

Date Jany 12 1908

Undertaker Robt Ishmar

Address 1422 N. Bway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 N. Milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Blum

{ Residence, if in Baltimore, Give Street and Number. } 614 N. Milton ave

Duration of Residence in Baltimore. 50 C8320

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 26 1838

AGE: 69 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane C. Blum

(Address) 614 N Milton ave

Filed 1/11 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Jan 9 1908

that I last saw him alive on Jan 9 1908,

and that death occurred, on the date stated above, at 2 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) Samuel J. King M.D.

Address 1431 N Patterson Park ave

Date Jan 11 1908

Place of Burial M. Manheim

Date January 12 1908

Undertaker Robt J Brown

Address 412 N Pulaski

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2116 Hilkens ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine V. O'Rourke

{Residence, if in Baltimore, Give Street and Number.} 2116 Hilkens ave

Duration of Residence in Baltimore. 2 years C 8321

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1848
AGE	60 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	New York City
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	New York city
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	New York
OCCUPATION OF DECEASED	Home mfr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M R Elmore

(Address) 2116 Hilkens ave

Filed 1/11 1908 MARY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Jan 9th 1908

that I last saw her alive on 8th 1908,

and that death occurred, on the date stated above, at 10:40 A. M. CAUSE OF DEATH (Secondary or Immediate

Apoplexy

(DURATION) 38 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. J. Bamon M.D.

Address 2017 Hilkens Av

Date January 9th 1908

Place of Burial St Augustine Cemetery

Date Jan 13th 1908

Undertaker John J Coyan

Address 1901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Lambdin

{ Residence, if in Baltimore, Give Street and Number. } 528 S. Chester St.

Duration of Residence in Baltimore. Life time

C8322

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 1st 1826

AGE 81 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James E. Bowling

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie Bowery

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lambdin

(Address) 523 S. Chester St.

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1908 to Jan 9, 1908 that I last saw h alive on Jan 8, 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. J. Gatch M.D.,

Address 110 N. Broadway

Date Jan. 10 1908

Place of Burial Oak Lawn Cemetery

Date Jan. 11th 1908

Undertaker H. Lander Bowman

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2613 Fair ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Pickert

{Residence, if in Baltimore, Give Street and Number.} 2613 Fair ave

C & 323

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 2 1828

AGE 80 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Pickert

(Address) 2613 Fair Ave

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1907 to Jan. 10 1908 that I last saw h in alive on Jan 10 1908, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) unknown DAYS

Contributory (Primary)

Chronic Endocarditis (DURATION) 6 mos. DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Ave

Date Jan. 10th 1908

Place of Burial 1st Evangelical Cemetery

Date Jan. 13th 1908

Undertaker H. Landau & Son

Address 1710 Canton Ave

1220 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Registered No. 2) 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 552 Presstman St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Myers

{ Residence, if in Baltimore, Give Street and Number. } 552 Presstman C 8324

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR Col	DATE OF DEATH Jan 10 1908
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 9 1908
AGE 66 years, months, days	that I last saw her alive on Jan 9 1908
SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow	and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Balto County Md	Cerebral Haemorrhage
FULL NAME OF FATHER Jany Price	
BIRTHPLACE OF FATHER (State or country) —	(DURATION) DAYS
MAIDEN NAME OF MOTHER	Con'ributory (Primary.)
BIRTHPLACE OF MOTHER (State or country)	(DURATION) DAYS
OCCUPATION OF DECEASED Housekeeper	(Signed) Wm J Lee M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 836 W. Mont Ave
(Informant) Mrs Rosa Compton	Date Jan 10 1908
(Address) 552 Presstman St	Place of Burial Mt Auburn
Filed 1/11 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar	Date Jany 12th 1908
	Undertaker Chas T Wright
	Address 1314 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1374 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Blanchett + Elsie Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 1374 N Stockton St

C8325

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Col
DATE OF BIRTH 1	
AGE — years, — months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED —	
BIRTHPLACE (State or country) Balto	
FULL NAME OF FATHER Clarence M. Mitchell	
BIRTHPLACE OF FATHER (State or country) Md	
MAIDEN NAME OF MOTHER Elsie Davis	
BIRTHPLACE OF MOTHER (State or country) Md	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Grace L Davis

(Address) 1374 Stockton St

Filed 1/11 1908

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10th 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or immediate.)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A Faudrain M.D.

Address 707 Lex. Av. (County)

Date Jan. 10th 1907

Place of Burial Mt Auburn

Date Jan 11th 08 190

Undertaker Chas. E. Wright

Address 1364 Mary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C 8326

Registered No. B .....

City of Baltimore, (No. 112 N. Vincent Alley St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jane Green

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Nixon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cant tell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Green

(Address) 112 N. Gilmore St

Filed 1/11 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8th. 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 8 1908 that I last saw h er alive on Jan 8 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

La Grippe 7

(DURATION) 7 DAYS

Contributory Asthma 30 day

(DURATION) DAYS

(Signed) G. W. Dated mal

Jan 8 1908 (Address) 1703 W Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL Lauel

DATE OF BURIAL Jan 11th 1908

UNDERTAKER A. J. Freeland

ADDRESS 1423 Edmondson

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 8327

City of Baltimore, (No. 1005, Boyd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora Johannah Zepp.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: Aug (Month) 1 (Day) 1876 (Year)

AGE: 31 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Denmark Europe

FULL NAME OF FATHER: Henry Phillips

BIRTHPLACE OF FATHER (State or country): Denmark

MAIDEN NAME OF MOTHER: Annie Cannutzsen.

BIRTHPLACE OF MOTHER (State or country): Denmark.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Zepp Jr.

(Address) 1005 Boyd St.

Filed 1/11 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Jan 10 1908

that I last saw her alive on Jan 9 1908,

and that death occurred, on the date stated above, at 9.10 a. M. The CAUSE OF DEATH was as follows:

Acute Endocarditis

Complicated by Pulmonary Tuberculosis & Incipient Bright's Disease. (DURATION) DAYS

Contributory Pilliary Bronchitis in 1st week in Dec 07 (DURATION) 13 DAYS

(Signed) P. J. Freund M. D.

Jan 10 1908 (Address) 15 W Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Jan 12th 1908

UNDERTAKER: John Fields 1200

ADDRESS: W. Lombard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 420 N. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William A. Jones.

{Residence, if in Baltimore, Give Street and Number.} 420 N. High

C8328

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 26 1825

AGE: 82 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Cecil Co Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jennie Timmons

(Address) 420 N. High st

Filed 1/11 1908 HARRY C. ARDINGS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to Jan 10 1908

that I last saw him alive on Jan 10 1908

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) DAYS

Con'ributory (Primary) old age

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 548 Fulton Ave

Date Jan 10 1908

Place of Burial Harve de Grace to Hartford Co. Md.

Date Jan 11 1908

Undertaker E. Schlosnagle Son

Address 1039 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Wilman

{ Residence, if in Baltimore, Give Street and Number. } 201 W 25th St

C 8329

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mch 29 1871

AGE: 36 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph Hazelip

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ann Maria Headen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Hazelip

(Address) 201 W 25th St

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1907 to Jan. 10 1908

that I last saw her alive on Jan 10 1908,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Wm. P. Bay M.D.

Address Bay View

Date Jan 10 1908

Place of Burial Balto Cem

Date Jan 12 1908

Undertaker Chas E. Fourness

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B 8330

City of Baltimore, (No. 1314 N. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Latimer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 7 (Day) 1826 (Year)

AGE: 81 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Co.

FULL NAME OF FATHER: Jon. St. Corbett

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Ruth C. Owings

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grafton Carlisle

(Address) 132 Mosher Ave

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 10 1908 that I last saw h[illegible] alive on Jan 10 1908, and that death occurred, on the date stated above, at 5:15 P. M. The CAUSE OF DEATH was as follows:

She had had a mild attack of Grip for about seven or eight (DURATION) days

Contributory Heart depression (DURATION) 1 DAYS

(Signed) D. O'Meara M. D.

Jan 11 1908 (Address) 939 Edmondson Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Jan 13 1908

UNDERTAKER: Gr. W. Little | ADDRESS: 221 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 402 W Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank D Blackwell

{Residence, if in Baltimore, Give Street and Number.} 402 W Hoffman

C8331

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Blackwell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Minnie

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Farther Frank Blackwell (informant)

(Address) 402 W Hoffman

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 8 1908

that I last saw h alive on Jan 8 1908

and that death occurred, on the date stated above, at 5:50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Spinal Meningitis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Melvin M.D.

Address 1303 W Lombard

Date Jan 8, 1908

Place of Burial Laurel

Date January 11 — 1908

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lizzie Richardson

{Residence, if in Baltimore, Give Street and Number.} Bay View 711 Sterling av

Duration of Residence in Baltimore. 10 y. C8332

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Col.

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Osburne Richardson

(Address) (VIEW AST...

Filed 1/11 1908 HARRY O. ANDREWS; PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Jan. 8 1908

that I last saw her alive on Jan. 8 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt Bay M.D.

Address Bay View

Date Jan 8 1908

Place of Burial Asbury

Date January 11 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8333

Registered No. B C [illegible]

City of Baltimore, (No. 2502, Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel C. Albert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 18th (Day) 1904 (Year)

AGE: 3 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Samuel H. Albert

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rosie E. Stevens

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel H. Albert

(Address) 2502 Francis St

Filed 1/11 1908

HARRY G. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1907 to Jany. 10th 1908

that I last saw him alive on Jany 10 1908,

and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 14 DAYS

Contributory Paralysis of Heart

(DURATION) 3 DAYS

(Signed) Ed Smith M. D.

Jany 10 1908 (Address) 1601 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: Jan 11 1908

UNDERTAKER: Wm J. Dickmurs[illegible] | ADDRESS: Camden & Howard Sts

WM. J. C. DULANY CO., BALTIMORE.

3 P.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C 8334

(Place of Death.) No. 1123 Bisco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James McBride.

{Residence, if in Baltimore, Give Street and Number.} 523 ep Vincent st

Duration of Residence in Baltimore. 33 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —— 1

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Sister Lizzie McBride
(Informant)

523 - Vincent - St
(Address)

Filed 1/11 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 9 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to 190

that I last saw h[illegible] alive on Jan 7 1908

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia
and Pulmonary Tuberculosis

—— (DURATION) — DAYS

Con'ributory (Primary) ——

—— (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Jan - 10 1908

Place of Burial Mt Zion

Date Jan 11 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C 8335

Registered No. B

City of Baltimore, (No. 120 W. Hughes St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME John H. Webbs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Stelf

(Address) 120 Hughes St.

Filed 1/11 1908

HARRY C. ARNETT, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 — 10 — 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1 — 7 — 1908 to 1 — 9 — 1908 that I last saw h[illegible] alive on 1 — 9 — 1908, and that death occurred, on the date stated above, at 12 A. M. The CAUSE OF DEATH was as follows:

Lagrippe

(DURATION) 3 DAYS

Contributory Pleuro-Pneumonia

(DURATION) 2 DAYS

(Signed) L. L. Loyer M. D.

1908 (Address) 1113 Argyle Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 12th 1908

UNDERTAKER: Felix B Pye

ADDRESS: 102 Hilburn St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8336

City of Baltimore, (No. 1025 Rece St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary L Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Louis Watkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliza Tomblin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Watkins

(Address) 1025 Rece st

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 3d 1908 to Jany 8th 1908

that I last saw h[illegible] alive on Jany 8th 1908

and that death occurred, ~~on the date stated above~~, at Jany 10 1908 2.30 P.M. The CAUSE OF DEATH was as follows:

Pneumonia,

[illegible] (DURATION) 10 DAYS

Contributory [illegible] Pneumonia

(DURATION) ..... DAYS

(Signed) Robt McKeen M. D.

Jany 10 1908 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Dr Auburn Cemetery

DATE OF BURIAL: Jan 12th 1908

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15 4

(Place of Death.) No. 1721 Edmonson Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jeremiah P. Hooper.

{ Residence, if in Baltimore, Give Street and Number. } 1721 Edmonson Ave.

Duration of Residence in Baltimore. Life C 8337

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 10 1831

AGE 76 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) city

FULL NAME OF FATHER John P. Hooper

BIRTHPLACE OF FATHER (State or country) city

MAIDEN NAME OF MOTHER Alice Drake

BIRTHPLACE OF MOTHER (State or country) city

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Hooper

(Address) 1721 Edmonson Ave

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Pennington

Wilson & Eutaw Sts

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10th 1908

I HEREBY CERTIFY, That I attended deceased from August 20 1907 to Jany 9th 1908

that I last saw him alive on Jany 9 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Infirmities of Age,

Exhaustion,

(DURATION) DAYS

Con'tributory (Primary.) Advanced Age

(DURATION) DAYS

(Signed) John S Pennington M.D.

Address The Marlborough

Date Jany 10th 1908

Place of Burial Greenmount Cemetery

Date Jan - 13 1908

Undertaker Wm J Tickner & Son

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jansen H Littmann

{ Residence, if in Baltimore, Give Street and Number. } 1818 Ashland Ave.

Duration of Residence in Baltimore. 37 yrs.

C8338

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gerd. Bruns

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mar. Muller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jens B. Littmann

(Address) 1818 Ashland Ave

Filed 1/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 10 1908

that I last saw her alive on Jan 10 1908

and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate.

La. Grippe

(DURATION) 10 DAYS

Contributory (Primary.) Broncho-Pneumonia

+ Exhaustion (DURATION) 4 DAYS

(Signed) Adolph C. Eisenhart M.D.

Address 2213 Orleans St

Date Jan 11 1908

Place of Burial Fifth German Reformed

Date Jan 13 1908

Undertaker Jenkins & McCormick

Address 1924 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

KODAK SAFETY FILM

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 8339

City of Baltimore, (No. 3627, Cedar Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Clara J. Seitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17 1887 (Month) (Day) (Year)

AGE: 20 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: John Dorsey

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Jardin

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Seitz

(Address) 3627 Cedar Ave

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Jan 10 1908 that I last saw h[illegible] alive on Jan 7 1908, and that death occurred, on the date stated above, at 11 a.m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis (DURATION) 1 Yr DAYS

Contributory Exhaustion (DURATION) 1 Month DAYS

(Signed) Wm. A. Fair M. D.

Jan 11 1908 (Address) 12 E 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Mary (Cem) (H) | DATE OF BURIAL: Jan 12 1908

UNDERTAKER: H S Marshall | ADDRESS: Falls Road 3539

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 3318 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth F Powell

{Residence, if in Baltimore, Give Street and Number.} 3318 Chestnut Ave

Duration of Residence in Baltimore. 76 Yrs

C8340

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 1 1826

AGE: 81 years, mont's, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: N. Donald

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Miss Bruden

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Powell

(Address) 3318 Chestnut Ave

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to Jan 10th 1908

that I last saw her alive on Jan 9th 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy + Collapse

from dilated Heart 10 mos (DURATION) DAYS

Contributory (Primary.) Nephritis + Valvular Dis. yrs

disease of Heart (DURATION) DAYS

(Signed) Wm H Fedderman M.D.

Address 800 1st Ave

Date Jan 11th 1908

Place of Burial St Mary's

Date Jan 12 1908

Undertaker A S Ulman Ltd

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 3148 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia Bowen

{Residence, if in Baltimore, Give Street and Number.} 3148 Cedar Ave

C1341

Duration of Residence in Baltimore. 71 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 11 1817

AGE: 90 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co.

FULL NAME OF FATHER: Geo Griffith

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bowen

(Address) 3148 Cedar Ave

Filed 1/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 10th 1908

that I last saw her alive on Jan 9th 1908,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchorrhoea Dyspnoea & Collapse

(DURATION) 5 hrs DAYS

Contributory (Primary) Senile debility of age (DURATION) 3 yrs DAYS

(Signed) Wm H. Feldmann M.D.

Address 800 12th Ave

Date Jan 11th 1908

Place of Burial St Mary Hampden

Date Jan 12 1908

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

Ward 6

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George P. Cruse

{Residence, if in Baltimore, Give Street and Number.} 1608 N. Bond st

C8342

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov 6 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo P. Cruse

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary L. Manns

BIRTHPLACE OF MOTHER (State or country) La

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry P. Cruse

(Address) 1636 N. Broadway

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9. 1908

I HEREBY CERTIFY, That I attended deceased from January 2. 1908 to January 9. 1908 that I last saw h[im] alive on " 1908, and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute double pneumonia

(DURATION) 7 1/3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. A. Hartman M.D.

Address 1131 N. Caroline St.

Date January 10. 1908

Place of Burial Greenmount Cem.

Date JAN 12 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

L. Hartman
N. Caroline st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Saulsbury

{ Residence, if in Baltimore, Give Street and Number. } 411 N. Broadway

Duration of Residence in Baltimore. Life

C8343

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 28. 1

AGE: 54 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Andrew J. Saulsbury

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Saulsbury

(Address) 411 N. Broadway

Filed 1/11 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JAN 9 1908 190

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1904 to Jan 9th 1908 that I last saw him alive on Jan 9th 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Arterio-Sclerosis

4 Years (DURATION) DAYS

Contributory (Primary.) Cerebral

Embolism (DURATION) 2 Hours

(Signed) H M Chambers M.D.

Address 18 W Franklin St

Date JAN 9 1908 190

Place of Burial Greenmount. Com.

Date JAN 12 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., STATIONERS.

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mattie E Oliver

{ Residence, if in Baltimore, Give Street and Number. } 834½ N Chester St.

C8344

Duration of Residence in Baltimore. 2 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH Nov 27 1

AGE 49 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Oliver

(Address) 834 N Chester St

Filed 1/11 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 9 1908

that I last saw h alive on Jan 9 1908

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. H. Baugh M.D.

Address Johns Hopkins Hosp

Date January 9 1908

Place of Burial Oak Lawn Cem.

Date JAN 12 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 W. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothee Wagner

{Residence, if in Baltimore, Give Street and Number.} 1509 W. Broadway

Duration of Residence in Baltimore. 60 Years

C 8345

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 11 1829

AGE: 78 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Tegeler

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Margaret.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Wagner

(Address) 1509 W. B'way.

Filed 1/11 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 10th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 2d 1907 to Jany 10th 1907 that I last saw her alive on Jany 10th 1907, and that death occurred, on the date stated above, at 1045 A. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J O Solomon M.D.

Address 1804 Eager

Date Jany 11th 1907

Place of Burial Greenmount Cemetery

Date Jan. 13, 1908

Undertaker Henry W. Maus & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 3015 St. Paul. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret L'Estrange

{ Residence, if in Baltimore, Give Street and Number. } 3015 St. Paul St.

C8346

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 1833

AGE 74 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Terrance Fitzpatrick

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER ——— Neal

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas Reilly.

(Address) 3015 St. Paul St.

Filed 1/11 1908

HARRY C. ARDREY, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27th 1907 to Jan. 10th 1908

that I last saw her alive on Jan 7th 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Age & Exhaustion

from La Grippe (DURATION) 13 DAYS

(Signed) Jno. Brooke Boyle M.D.

Address 104 E. Madison St

Date Jan 11th 1908

Place of Burial Cathedral Cemetery

Date Jan. 13, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1721 N. Port St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J Knighton

{Residence, if in Baltimore, Give Street and Number.} 1721 N. Port St

C8347

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: White
DATE OF BIRTH: Dec 28 1907	
AGE: 1 year, 1 month, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto Md	
FULL NAME OF FATHER: Daniel E. Knighton	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Mary Hohmann	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel E Knighton

(Address) 1721 N Port St.

Filed 1/11 1908 HARRY C. ARDREY, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 8 a....M. CAUSE OF DEATH (Secondary or Immediate.)

Premature.

Were Persistent Vomiting

(DURATION) .... DAYS

Contributory (Primary.) ....

(DURATION) .... DAYS

(Signed) Chas Carnett M.D.

Address Corner Md

Date Jan 10 — 08 190....

Place of Burial Holy Redeemer Cemetery

Date Jan. 11, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 Stockton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Bernard Duckett

{ Residence, if in Baltimore, Give Street and Number. } 1319 Stockton St

C 8348

Duration of Residence in Baltimore. 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Harford Md

FULL NAME OF FATHER Samuel L Duckett

BIRTHPLACE OF FATHER (State or country) Harford Md

MAIDEN NAME OF MOTHER Jennie Hawkins

BIRTHPLACE OF MOTHER (State or country) Harford Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Duckett

(Address) 1319 Stockton St

Filed 1/11 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Jan 10 1908 that I last saw h in alive on Jan 10 1908 and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.) Bottled Fed Condensed Milk / Indigestion (DURATION) DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date Jan 11, 1908.

Place of Burial St Peters Cemetery

Date Jany 12th 1908

Undertaker Clemens & Wright

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 W. Mulberry st. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lillie Parker.

{ Residence, if in Baltimore, Give Street and Number. } 538 W. Mulberry st

Duration of Residence in Baltimore. 9 yrs. C8349

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH unknown 1

AGE 20 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles P. Parker

(Address) 538 W. Mulberry St.

Filed 1/11 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/10 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1908 to 1/10 1908

that I last saw h.. alive on 1/10 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation
& La Grippe.

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) L. C. Conrad M.D.

Address 609 W. Franklin

Date 1/11 1908

Place of Burial Washington D.C.

Date Jan. 12 1908

Undertaker Alex. McAnaly

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 Smith St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm. C. Gerhardt

{Residence, if in Baltimore, Give Street and Number.} 629 Smith St. (Gerhardt)

Duration of Residence in Baltimore. 30 y. C8350

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1850

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Fred Gerhardt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Foster

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Gerhardt

(Address) 629 Smith St.

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 9 1908 that I last saw h in alive on Jan 9 1908, and that death occurred, on the date stated above, at 7:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 2 yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Louis Ebaugh M.D.

Address 1701 Druid Ave

Date Jan 10 1908

Place of Burial Greenmount Cem

Date Jan 12 1908

Undertaker Geo E Howell Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 8351

Registered No. B

City of Baltimore, (No. 715 a. Lafayette Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Helen Lambe Beck,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1887 (Year)

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Geo. T Bramble.

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Martha Butler

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J Beck

(Address) 715 W Lafayette ave

Filed 1/11 1908

HARRY C. ARDREES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 10th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3d 1908 to Jany 10 1908 that I last saw h[er] alive on Jany 10 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Scarlet fever,

(DURATION) 11 DAYS

Contributory

(DURATION) DAYS

(Signed) Robert K Kneas M. D.

Jany 10 1908 (Address) 1501 a Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jany 11 1908

UNDERTAKER: John E Hough & Co — ADDRESS: 1422 Pennsa

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty, of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Patterson

{ Residence, if in Baltimore, Give Street and Number. } 1619 Druid Hill Ave C8352

Duration of Residence in Baltimore. Fifteen yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. R. Coleman

(Address) 2087 Druid Hill Ave

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1908

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Bacon M.D.

Address 709 Eutaw Av. (Clinton)

Date Jan 10th 1908

Place of Burial National Cem

Date January 12 1908

Undertaker Jno E. Gough & Co

Address 1422 Pennsylvania Av

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 Church Home and Infirmary St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs Marie E Mercer

{ Residence, if in Baltimore, Give Street and Number. } Church Home and Infirmary

Duration of Residence in Baltimore. 18 months

C 8353

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1828

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: [illegible] McKenzie

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss K. H. Krance

(Address) Church Home & Infirmary

Filed 1/11 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 11 1908

I HEREBY CERTIFY, That I attended deceased from January 7 1908 to January 11 1908 that I last saw her alive on Jan 10 1908 and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate

Senile debility

(DURATION) DAYS

Contributory (Primary.) Diffuse bronchitis

(DURATION) 7 DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date January 11 1908

Place of Burial Mt Olivet Cemetery

Date Jan 13th 1908

Undertaker H E Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 438 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Hawsrote

{ Residence, if in Baltimore, Give Street and Number. } 438 E. Fort Ave.

C8354

Duration of Residence in Baltimore. 15 hrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan 11th 1908

AGE ..... years, ... months, 8 hours days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Adam Hawsrote

BIRTHPLACE OF FATHER (State or country) Martins Crg W.V.

MAIDEN NAME OF MOTHER Kelly Johnson

BIRTHPLACE OF MOTHER (State or country) Martinsburg W.V.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Hawsrote

(Address) 438 E. Fort ave.

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janu. 11 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

(Immediate cause) Suffocation birth caused by Placenta

Contributory (Primary) Brain hemorrhage (DURATION) 8 hours DAYS

Contributory (Secondary) after delivery (DURATION) , DAYS

(Signed) H. Hutchinson M.D.

Address 1228 N. Charles

Date Janu 11 — 1908

Place of Burial Cedar Hill

Date Jan 11th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Inf Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bonnie Jane Donahoe

{ Residence, if in Baltimore, Give Street and Number. } St Vincent.

C8355

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Vincents Inf Asy't

(Address)

Filed

..... 190 ..... HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 190 to Jan 10 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R Martin M.D.

Address

Date Jan 10 190

Place of Burial Cathedral

Date January 11 190

Undertaker Martin Tickey & Lane

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asst St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Roy Smith

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asst

C8356

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ...1...

AGE: ...years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: -

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy

(Address)

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 9 1908

that I last saw h... alive on ...1908...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro Enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P J Martin M.D.

Address ...

Date Jan 9 1908

Place of Burial Cathedral

Date Jan 11 1908

Undertaker Martin Gilroy & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15

(Place of Death.) No. St Vincents Inf Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine May

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

C8357

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: years, 1 months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): NW	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 1/11 1908 HARRY C. ARDREES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.., that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

..M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P F Martin M.D.

Address

Date Jan 10 1908

Place of Burial New Cathedral

Date Jan 11 1908

Undertaker Martin Funeral Home

Address 106 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Pauline Winter

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

C8358

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: Col

DATE OF BIRTH: 1

AGE: ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy Asy't

(Address)

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 10 1908

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address .....

Date Jan - 10 1908

Place of Burial Cathedral

Date January 11 1908

Undertaker Martin Gahey Inc

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his care, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1633 Hicksley Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florance J. Fritz

{ Residence if in Baltimore, Give Street and Number. } 1633 Hicksley Place

Duration of Residence in Baltimore. Life

C8359

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 11 1

AGE: 40 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Magura

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Egbella Cammel

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salome Magura

(Address) 54 Laurens St

Filed 1/11 190 8 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 10 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 17 - 1907 to Jan. 10 - 1908

that I last saw h er alive on 11 " 1908

and that death occurred, on the date stated above, at 4-30 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy

6 weeks (DURATION) DAYS

Con'tributory (Primary.) Valvular heart disease, mitral

about 9 mos. (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date January 10 1908

Place of Burial Loudon Park

Date Jan 13 1908

Undertaker Wm Cook

Address 1503 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

1802 Entaw Place

CERTIFICATE OF DEATH.

(Place of Death.) No. ^ William Hopper Emory St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hopper Emory

{ Residence, if in Baltimore, Give Street and Number. } #1802 - Entaw Place

Duration of Residence in Baltimore. Life time

C 8360

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 28th 1849

AGE 58 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Hopper Emory

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Brooks

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Insurance Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanor L. Emory

(Address) 1802 Entaw Place

Filed 1/11 190 8 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1907 to Jany 9th 1908 that I last saw h[e] alive on Jany 9th 1908 and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Repeated attacks of Cerebral Thrombosis, First March 17th 1907 Last November 12th 1907

(DURATION) DAYS

Contributory (Primary.) Atheroma of Aorta

70 years or more (DURATION) DAYS

(Signed) C. K. Van Slyke M.D.

Address 201 W. Lafayette Ave

Date Jany 10th 1908

Place of Burial Greenmount

Date Jany 12th 1908

Undertaker Henry H. Jenkins Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

C 8361 OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 8361

10

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 222, E. 20th St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Tarnesia Mews Randolph

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 17th (Day) 1823 (Year)

AGE: 84 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Cahaba, Alabama

FULL NAME OF FATHER: Thomas Mews

BIRTHPLACE OF FATHER (State or country): Cala.

MAIDEN NAME OF MOTHER: Eliz. Nash

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. Kent

(Address) 222 E. 20th St

Filed 1/11 190 8

HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23rd 1907 to Jan 9th 1908 that I last saw her alive on Jan 9th 1908, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Influenza

(DURATION) 15 DAYS

Contributory Cerebral Congestion

(DURATION) 2 DAYS

(Signed) Henry E. Gale M. D.

Jan 11th 1908 (Address) 260 N. Whyman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 12 1908

UNDERTAKER: W. H. Jenkins Sons — ADDRESS: 300 W. Madison

WM. J. C. DULANY CO., BALTIMORE.

Facts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2426 N Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Norwood

{Residence, if in Baltimore, Give Street and Number.} 2426 N Calvert St

Duration of Residence in Baltimore. 60 years C8362

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: White	DATE OF DEATH: Jan. 10th 1908
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 10 1908
AGE: 81 years, — months, — days	that I last saw her alive on Jan 9 1908
~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: Widow	and that death occurred, on the date stated above, at 8
BIRTHPLACE (State or country): Maryland	M. CAUSE OF DEATH (Secondary or Immediate.)
FULL NAME OF FATHER: John A Richard	Old age
BIRTHPLACE OF FATHER (State or country): Maryland	(DURATION) DAYS
MAIDEN NAME OF MOTHER: Sarah Hooks	Con'ributory (Primary.) Bronchitis (DURATION) 3 DAYS
BIRTHPLACE OF MOTHER (State or country): Maryland	(Signed) H. W. Fair M.D.
OCCUPATION OF DECEASED: None.	Address 12 E 25th St
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Jan 10 1908
(Informant) Mr Wm B Whiteside	Place of Burial Western Cemetery
(Address) 2426 N Calvert St.	Date Jany 12th 1908
Filed 1/11 1908 HENRY O. ANDREWS, Registrar PERMIT CLERK.	Undertaker W. H. Cook
	Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 W. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin McCaffrey

{ Residence, if in Baltimore, Give Street and Number. } 122 W. Randall St.

Duration of Residence in Baltimore... Life Time C8363

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov 19 1889

AGE: 18 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles McCaffrey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Kate V. Balla

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. K. McCaffrey

(Address) 122 W. Randall St.

Filed 1/11 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Jan 9 1908

that I last saw h[illegible] alive on Jan 9 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 yr DAYS

(Signed) R. E. K. Campbell M.D.

Address 1644 Hanover St

Date Jan 10 1908

Place of Burial Cedar Hill Cemetery

Date Jan 12 1908

Undertaker John E Evans

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8364

Registered No. B

City of Baltimore, (No. 1400 Brunt St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. Atkinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louisa Atkinson

(Address) 1400 Brunt St.

Filed 1/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 10th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to Jan 1908

that I last saw him alive on about Dec 20th 1908,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of lungs

Asthenia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Gordon Wilson M. D.

Jan 11th 1908 (Address) 500 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 12th 1908

UNDERTAKER: Felix B Pye

ADDRESS: 108 E Monument

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his care, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Hilum

{ Residence, if in Baltimore, Give Street and Number. } 1522 Druid Hill Ave

Duration of Residence in Baltimore. Forty Years C8365

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 63 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Dobson.

(Address) 1522 Druid Hill Ave

Filed 1/11" 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of brain

(Pneumonia) 5

Dr. Knive

..... (DURATION) ..... DAYS

Contributory (Primary.) Bright's Disease

..... (DURATION) ..... DAYS

(Signed) Wm Bardeen M.D.

Address 700 Log. Av. Corner

Date Jan. 11th 1907

Place of Burial Mt Auburn Cemetery

Date January 13th 1908

Undertaker Felix B Rye

Address 152 E Fulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended such person during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate containing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 S. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Loretta Evans,

{ Residence, if in Baltimore, Give Street and Number. } 309 S Exeter

Duration of Residence in Baltimore. Lifetime C8366.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 2 1903

AGE 4 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edmund M Evans

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Nannie E Muldoon

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund M. Evans

(Address) 309 S Exeter St

Filed 1/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 11 1908 that I last saw h[illegible] alive on Jan 10 1908, and that death occurred, on the date stated above, at 12-10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1238 Fountain

Date Jan 11 1908

Place of Burial Greenmount

Date Jan 12 1908

Undertaker C A Wickfield

Address 2113 Greenmount Ave

Funeral at 9 A.M. Jan 12

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mina Newman

{ Residence, if in Baltimore, Give Street and Number. } (1908 Bolton st) Hebrew Hospital Key Lane 8367

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Apr. 14, 1835

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Isaac Weckstein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mina Newman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sylvan Froelich

(Address) Navarro Apts.

Filed 1/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 9th 1908

I HEREBY CERTIFY, That I attended deceased from April 1907 to Jan 9th 1908

that I last saw her alive on Jan 9th 1908

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

(DURATION) 2 DAYS

Contributory (Primary.) Cerebritis

(DURATION) DAYS

(Signed) Charles Bagby M.D.

Address Hebrew Hospital

Date Jan 9th 1908

Place of Burial Har Sinai

Date Jan. 12 1908

Undertaker Jacob Ahrens & Co

Address 754 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1

CERTIFICATE OF DEATH.

Registered No. B C 8368

City of Baltimore, (No. Bayo City Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Lehman.

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Mannie Levey.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Home Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Lehman.

(Address) .....

Filed 1/12 1908 HARRY C. ARMS. PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 10 1908

that I last saw her alive on Jan 10 1908,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

E Lansdale

(DURATION) DAYS

Contributory Typhoid Fever.

(DURATION) DAYS

(Signed) H. H. Eskett. M. D.

Jan 10 1908 (Address) Bayo City Hosp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 702 Hanover How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Ohel Scholam — DATE OF BURIAL Jan 12 1908

UNDERTAKER J. Ahrens & Co — ADDRESS 754 N. Eutaw

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Glen Edward Ave & B & O. R. R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Colley

{ Residence, if in Baltimore, Give Street and Number. } 214 S. Gilmor Street

Duration of Residence in Baltimore. life

C 8369

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June 17th 1848

AGE: 59 years, 6 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Colley

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida M. Colley

(Address) 214 S Gilmor St

Filed 1/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

7 x 9

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9" 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ..... 8.15

and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull, Shock

R. R. accident

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Charles Smithmeyer Coroner M.D.

Address 1815 N. Charles St

Date Jan 11 1908

Place of Burial Western Cemetery

Date January 12th 1908

Undertaker Wm B Brothers

Address 428 Frederick Ave

KODAK SAFETY FILM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 653 Bankers Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Stemer

{Residence, if in Baltimore, Give Street and Number.} 653 Bankers Lane

C8370

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe

COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bal city

FULL NAME OF FATHER: thomas Graf

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Alice chase

BIRTHPLACE OF MOTHER (State or country): Balt city

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Graf

(Address) 653 Bankers Lane

Filed Jan 12 1908

HARRY O. [illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1908 to Jan 10 1908

that I last saw her alive on Jan 10 1908,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (?) B1

Heart Failure (DURATION) About 3 Days

Contributory (Primary) About 10 days (DURATION)

(Signed) A. K. Finslow M.D.

Address #712 S. Arch

Date Jan 10 1908

Place of Burial Laurel Cemetery

Date January 13 1908

Undertaker Geo H Hooper

Address 609 Little Paca st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 414 Elbow Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Gray

{Residence, if in Baltimore, Give Street and Number.} 414 Elbow Lane

C8371

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fee

COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) thomas Prof

(Address) 414 Elbow Lane

Filed 1/12 1908

HARRY O. ARNOLD Registrar
PERMIT CLERK.

3 x 1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Jan 9 1908

that I last saw h[illegible] alive on Jan 9 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis T. B.

Exhaustion (DURATION) 3 hrs DAYS

Con'tributory (Primary.) (DURATION) 3 hrs DAYS

(Signed) J. H. Lowe M.D.

Address 702 S. Stark st

Date Jan 10 1908

Place of Burial Laurel cemetery

Date January 12 1908

Undertaker Wm H Hooker

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1639 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver L. Heinz

{Residence, if in Baltimore, Give Street and Number.} 1639 Hanover St.

Duration of Residence in Baltimore. Life Time C8372

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Dec 1 — 1904	
AGE 3 years, 1 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Heinz
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	A. Lannarty
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. J. Heinz

(Address) 1639 Hanover St

Filed 1/12 1908. HARRY C. [illegible] Registrar

PERMIT CLERK.

JCJ

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Jan 12 1908 that I last saw h er alive on Jan 11 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Scarlet Fever (DURATION) 5 DAYS

(Signed) R. L. Campbell M.D.

Address 1644 Hanover St.

Date Jan 12 1908

Place of Burial London Park Cemetery

Date Jan 13th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument

Filed 1/12 1908. HARRY C. [illegible] Registrar

PERMIT CLERK.

JCJ

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 8373

Registered No. B.....

City of Baltimore, (No. 1117 Riggs Ave; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John P Coolahan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: June (Month) 11 (Day) 1886 (Year)

AGE: 21 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Malachi Colahan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Bannon

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabetta Coalhan

(Address) 1117 Riggs Ave

Filed 1/12 1908

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Janu (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Janu 1 1908 to Janu 9 1908 that I last saw h[im] alive on Jan 9 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Chr Endocarditis

Broncho pneumonia (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. J. Kirby M. D.

Janu 9 1908 (Address) 1106 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Jan 13 1908

UNDERTAKER: Martin Fahey

ADDRESS: 1106 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8374

Registered No. B.....

City of Baltimore, (No. 1524, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elvira Neef (Negro)

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH: Aug (Month) 10 (Day) 1828 (Year)

AGE: 64 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Morrisville Fairmont (

FULL NAME OF FATHER: Albert S. McShanly

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " — "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. M. Henry

(Address) 315 E. North Ave

Filed 1/12 1908 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 11 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 11 1908

that I last saw h[illegible] alive on Jan 11 1908,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Grippe

(accompanied by pulmonary complication)

(DURATION) DAYS

Contributory Heart-failure

(DURATION) DAYS

(Signed) Dan'l Lucas M. D.

Jan 11 1908 (Address) 712 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Jan 13 1908
UNDERTAKER	ADDRESS
Geo J. Smith & Co	1000 Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 3110 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm T. Kemp Jr

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

C8375

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 30th 1903

AGE 4 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm T. Kemp.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Ida Spence.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm T. Kemp.

(Address) 3110 Canton Ave.

Filed 1/12 1908

HARRY C. [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1.9 1908

I HEREBY CERTIFY, That I attended deceased from Birth 190 to 1.9 1908

that I last saw h[illegible] alive on — 190—,

and that death occurred, on the date stated above, at 5—

P. m. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs-
Following Pneumonia

16 hrs (DURATION) DAYS

Contributory (Primary)

Asthma — (DURATION) DAYS

(Signed) J. D. Lehnert M.D.
Coroner

Address 211 W. Lanvale

Date 1.11 1908

Place of Burial Oak Lawn Cemetery

Date Jan. 12th 1908

Undertaker H. Lander & Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Rules and Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 S. Luzerne St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Annie C. Stange

{ Residence, if in Baltimore, Give Street and Number. } 719 S. Luzerne St

C8376

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 30th 1833

AGE: 74 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Conrad Schmerfeld

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Krakpel

(Address) 719 S. Luzerne St.

Filed 1/12 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 9th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1907 to Jany 9th 1908

that I last saw h[illegible] alive on Jany 9th 1908,

and that death occurred, on the date stated above, at 10-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Senility

(DURATION) 21 DAYS

(Signed) C. N. Kelly M.D.

Address 26 Eutaw St

Date Jany 11 1908

Place of Burial Trinity Cem.

Date Jany 12 1908

Undertaker HENRY SANDER & SONS

Address S E Cor Broadway & Balto Sts and 1709-1710 Canton Avenue

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 930 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Hasprouss

{Residence, if in Baltimore, Give Street and Number.} 130 Columbia Ave

Duration of Residence in Baltimore. Unknown C8377

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Oct 8 1908
AGE	85 years, 3 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married -
BIRTHPLACE (State or country)	France
FULL NAME OF FATHER	Geo Hasprouss
BIRTHPLACE OF FATHER (State or country)	France
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Hasprouss

(Address) 930 Columbia Ave

Filed 1/12 1908 HARRY O. ARTHUR Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1908 to Jan. 9, 1908

that I last saw him alive on Jan. 9, 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) 24 Hours

Con'tributory (Primary.) Senile decay

(DURATION) Unknown

(Signed) Albert T. Chambers M.D.

Address 614 E. Pacatt.

Date January 11 1908

Place of Burial Loudon Park

Date Jan 8 - 1908

Undertaker Wm. J. Tickner & Son

Address Lombard & Eden Sts

49 Chambers Ave. 2t

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1718 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ephoa Ann Ballahne

{Residence, if in Baltimore, Give Street and Number.} 1718 Thames

Duration of Residence in Baltimore. life

C8378

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Jan 10 1908

AGE: ..... years, ... months, 2 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ladislaus Ballahne

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Maggie Ballahne

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladyslaw Foshuszny

(Address) 1718 Thames St

Filed 1/12 1908 HARRY O. ARTHUR, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Jan 10 1908 that I last saw h[illegible] alive on Jan 10 1908 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

7 mos

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 E Baltimore

Date Jan 11 1908

Place of Burial St. Stanislaus

Date Jan. 12th 1908

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

67

CERTIFICATE OF DEATH.

C 8379

Registered No. B

City of Baltimore, (No. 1116 Linden Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena Herman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 20 (Month) (Day) 1822 (Year)

AGE: 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nathan Bowman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Zipora Bamberger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Nathan Herman

(Address) 1116 Linden Ave

Filed 1/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ... 190... to Jan 10 1908

that I last saw h[er] alive on 6th 1908,

and that death occurred, on the date stated above, at 8:30 P. M. The CAUSE OF DEATH was as follows:

Paresis

(DURATION) 15 yrs DAYS

Contributory —

(DURATION) DAYS

(Signed) A C Pole M. D.

Jan 12 1908 (Address) 2038 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Fels Point Cem

DATE OF BURIAL: Jan 13 1908

UNDERTAKER: J. Ahrens & Co

ADDRESS: 754 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

206

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Cummings

{Residence, if in Baltimore, Give Street and Number.}

C 8380

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 25 years, — months, — days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Michigan	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Seaman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. T. Burkhalter M.D.

(Address) U. S. Marine Hospital

Filed 1/12 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 11 1908

I HEREBY CERTIFY, That I attended deceased from January 5 1908 to January 11 1908

that I last saw him alive on January 11 1908

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of intestine

(DURATION) DAYS

Contributory (Primary.) Enteric fever

(DURATION) 12 DAYS

(Signed) Jno. T. Burkhalter M.D.

Address U. S. Marine Hospital

Date January 12 1908

Place of Burial M E Cemetery

Date Jan 14th 1908

Undertaker T E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ...to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ...forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 N Bradford St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Margaret Wilson

{Residence, if in Baltimore, Give Street and Number.} 624 N Bradford St

C8381

Duration of Residence in Baltimore. 3 mths

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Dec 19 1907

AGE: ....years, ...months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or Country): Baltimore

FULL NAME OF FATHER: David Wilson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Coates

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Coates

(Address) 624 Bradford St

Filed 1/12 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Jan 8 1908

that I last saw h~~im~~ alive on Jan 8 1908,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 22 DAYS

Contributory (Primary.) Premature Birth (DURATION) ..... DAYS

(Signed) L. M. Allen M.D.

Address 622 W Lombard St

Date Jan 12 1908

Place of Burial Mt Auburn Cemty

Date Jan 12 1908

Undertaker John H Goodman

Address 142 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital .. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Percy C. Ramsey

{ Residence, if in Baltimore, Give Street and Number. } 527 S. Paca St..

Duration of Residence in Baltimore. One year..

C 8382

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept 6 1887

AGE 21 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N. J.

FULL NAME OF FATHER James Ramsey

BIRTHPLACE OF FATHER (State or country) N. J.

MAIDEN NAME OF MOTHER Jennie Lovy

BIRTHPLACE OF MOTHER (State or country) N. J.

OCCUPATION OF DECEASED Glass worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenna P Ramsey

(Address) 520 S Paca St

Filed 1/12 1908

HARRY G. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1908 to Jan 12 1908

that I last saw h.. alive on Jan 12 1908

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions ..

(DURATION) 1 hr. DAYS

Contributory (Primary.) Abscess of Brain (DURATION) .. DAYS

(Signed) W. W. Bowers M.D.

Address Md. Gen. Hosp.

Date Jan. 12, 1908

Place of Burial Millville N J

Date Jan 13 1908

Undertaker Josiah Lyle

Address 16 or 18 North Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8383

Registered No. B

City of Baltimore, (No. 315 S. Vincent St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Ellen Daly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Ned Cunningham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hanora Hickey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Daley

(Address) 1020 Fulton Ave

Filed 1/12 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 31st 1907 to Jan 10th 1908

that I last saw h[illegible] alive on Jan 9th 1908,

and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

Broncho pneumonia

Heart failure

(DURATION) 3 DAYS

Contributory Influenza

(DURATION) 7 DAYS

(Signed) Wm. Nicholas M. D.

Jan 10th 1908 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 1/13 1908

UNDERTAKER: Wm J Schelling. — ADDRESS: 9 S Poppleton

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 Forest St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Theresa Winthrop (Winthrop)

{ Residence, if in Baltimore, Give Street and Number. } 532 Forest st

C8384

Duration of Residence in Baltimore... life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Canton Md

FULL NAME OF FATHER Unknow

BIRTHPLACE OF FATHER (State or country) Unknow

MAIDEN NAME OF MOTHER Unknow

BIRTHPLACE OF MOTHER (State or country) Unknow

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Anderson

(Address) 532 Forest St

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) ... DAYS

(Signed) Benj. S. Hopkins M.D.

Address 216 N. Caroline St

Date Jan 12 1908.

Place of Burial London Park

Date Jan 13 1908

Undertaker Wm Lee & Co

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish wi
enty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the s
be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of de
the same of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No 2613 Boone St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E Brener (Brewer)

{ Residence, if in Baltimore, Give Street and Number. } 2613 Boone St.

C8385

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 11 1884

AGE 23 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Isaac Brener

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Clark

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brener

(Address) 2613 Boone St

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 - 2 AM 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 6 1908 to Jan 10 1908

that I last saw h alive on Jan 10 1908

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Organic heart disease (DURATION) DAYS

(Signed) Thatcher Miller M.D.

Address 2228 Calvert St.

Date January 11 1908

Place of Burial Greenmount

Date Jan 13/08 190

Undertaker Lowbar

Address 502 Nanchar

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ... forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...ed, and the **cause and date of death.**

(Place of Death.) No. 1706 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J Alexander Findling

{ Residence, if in Baltimore, Give Street and Number. } 1706 Lemon St

Duration of Residence in Baltimore. Life time

C 8386

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1

AGE 18 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry Findling

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Minnie Pflaum

BIRTHPLACE OF MOTHER (State or country) Phila Pa

OCCUPATION OF DECEASED Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Geo F Koss.

(Address 1706 Lemon St.

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 — 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Jan 11 1908

that I last saw h[illegible]m alive on Jan 11 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 542 Fulton Ave

Date Jan 12 1908

Place of Burial Loudon Park

Date Jany 14th 1908

Undertaker Wm Cook

Address 502 E Northan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under hi to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2233 Mary Anna St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edna Louisa Richard

{ Residence, if in Baltimore, Give Street and Number. } 2233 Maryanna av

Duration of Residence in Baltimore. Life time

C 8387

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6th 1888

AGE 19 years, 6 months, 5 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Harry J Richard

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Barbara H Buchabaum

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J Richard

(Address) 2233 Maryanna Av

Filed 1/13 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25th 1907 to Jan 11th 1908

that I last saw h[illegible] alive on Jan 10th 1908

and that death occurred, on the date stated above, at 4 00 A M. CAUSE OF DEATH (Secondary or Immediate.)

General Exhaustion and Respiratory Failure

(DURATION) 20 DAYS

Con'tributory (Primary.) Florida Phthisis (DURATION) 3 mos DAYS

(Signed) Wm E. Miller M.D.

Address 2239 Penna Ave

Date Jan 11th 1908

Place of Burial Loudon Park

Date Jan 13 1908

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the pe sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 W. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Marion Lazenby

{ Residence, if in Baltimore, Give Street and Number. } 800 W. North Ave.

C 8388

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1st 1836

*AGE 71 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Georgetown, Wash. D.C.

FULL NAME OF FATHER Thos. Allen Lazenby 2nd

BIRTHPLACE OF FATHER (State or country) Sandy Spring, Montgomery Co.

MAIDEN NAME OF MOTHER Sarah Amanda Smith

BIRTHPLACE OF MOTHER (State or country) Washington, D.C.

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis A. Lazenby

(Address) 2017 Callow Ave.

Filed 1/13 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1908 to Jan. 11th 1908 that I last saw ~~him~~ alive on Jan. 11th 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary.) Gastritis, Paralysis (DURATION) DAYS

(Signed) Maurice Lazenby M.D.

Address 721 W. North Ave

Date January 12th 1908

Place of Burial London Park Cemy.

Date Jany 14 1908

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1221 Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. John Jordan

{ Residence, if in Baltimore, Give Street and Number. } 1221 Park Ave

C 8389

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Bettie Jordon

Address: 1221 Park ave

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 13 1908

that I last saw h im alive on Jan 11 1908,

and that death occurred, on the date stated above, at 4 o'clock P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 2 1/ DAYS

Contributory (Primary)

Phthisis Pulmon, (DURATION) 2 1/ DAYS

(Signed) H S McCard M.D.

Address 205 D Hall Ave

Date Jan 13 1908

Place of Burial Portsmouth Va

Date Jan 13 1908

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Woelpel

{ Residence, if in Baltimore, Give Street and Number. } 316 S. Ann st C8390

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1.....

AGE: 66 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): ~~Germany~~ Balto. Md.

FULL NAME OF FATHER: Adolph Woelpel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Woelpel

Address 316 S. Ann st.

Filed 1/13 1908

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 7th 1908 to Jan 8th 1908 that I last saw h[illegible] alive on ..... 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 2 DAYS

Con tributory (Primary.) Apoplexy

Suddon (DURATION) DAYS

(Signed) J. L. Winner M.D.

Address 1735 Bank st

Date Jan. 12th 1908

Place of Burial Holy Redeemer Cem

Date Jan. 13 1908

Undertaker Kendell Diffenderffer & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1229 York Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia C. C. Bach

{ Residence, if in Baltimore, Give Street and Number. } 1229 York Road

C8391

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 5 1820

AGE 87 years, 2 months, 7 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Chas. F. Gabler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Henrietta Metzel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Lake

(Address) 2 Fair Oak Ave

Filed 1/11 1908

HARRY C. ANDREWS, Clerk
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

837 Franklin Terrace

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1908 to Jan 11 1908 that I last saw h~~er~~ alive on Jan 11 1908 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Con~~tr~~ributory (Primary.)

Grippe (DURATION) 12 DAYS

(Signed) O. Edward Janney M.D.

Address 837 N Eutaw St

Date Jan. 13. 1908

Place of Burial St. Johns, Waverly,

Date Jan. 14. 1908

Undertaker H. C. Nicholson

Address 914 Greenmount Ave.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 Penna. Av. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Howard Morgan

{ Residence, if in Baltimore, Give Street and Number. } 933 Penna. Ave.

C 8392

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 11th 1907

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Morgan

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Alice Agnes

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Bowden

(Address) 933. Penna Ave.

Filed 1/13 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 11th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (Govan)

Date Jan. 12th 1908

Place of Burial ~~St Peters~~ Cathedral Cem

Date Jan - 14 - 1908

Undertaker William M. Gawthrop

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105. N. Montford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Davis

{ Residence, if in Baltimore, Give Street and Number. } 1105½ N. Montford Ave.

C8393

Duration of Residence in Baltimore. About 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: 1844

AGE: 64 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Samuel McBard

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eliza Wolf

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thomas J Allen

(Address) 1105 N. Montford Ave.

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 3 1908 to Jan. 10 1908 that I last saw h[illegible] alive on Jan. 9 1908, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 5 DAYS

Contributory (Primary.) Grippe (DURATION) 3 DAYS

(Signed) H. Holland Keich M.D.

Address 832 N. Eutaw St

Date Jan 11 1908

Place of Burial Loudon Park Cemetery

Date January 13 th. 1908

Undertaker William M. Gawthrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8394

City of Baltimore, (No. 1739 Mc Culloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adelaid Lindau (Lindaue)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 5th 1812 (Month) (Day) (Year)

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dan Flors Lein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amon Lindau

(Address) 1739 Mc Culloh St

Filed 1/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 11 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 10 1908 that I last saw h[illegible] alive on Jan 10 1908, and that death occurred, on the date stated above, at ... M. The CAUSE OF DEATH was as follows:

Cancer of Stomach

6 months (DURATION) DAYS

Contributory Ob Cong & Arterio-sclerosis (DURATION) DAYS

(Signed) Julius Friedmann M. D.

Jan 14 1908 (Address) 1013 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: Jan 13 1908

UNDERTAKER: F. Ahrens Co

ADDRESS: 75 E Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 8395

City of Baltimore, (No. 2512 W. Fayett St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Phyllis L. Bowers

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	wh
DATE OF BIRTH	July 26 1904 (Month) (Day) (Year)
AGE	3 years, 5 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wm R Bowers
BIRTHPLACE OF FATHER (State or country)	Carroll Co Md
MAIDEN NAME OF MOTHER	India V Hopkins
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Bowers

(Address) 2512 W Fayette

Filed 1/13 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Jan 11 1908 that I last saw h-r alive on Jan 10 1908, and that death occurred, on the date stated above, at 5 P M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis

(DURATION) DAYS

Contributory Synkope

(DURATION) DAYS

(Signed) J B. Lynn M.D.

Jan 12 1908 (Address) 1800 N Mont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Jan 13 1908
UNDERTAKER	ADDRESS
Jos B. Cook	1033 W Balto

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Rose

Full Name ~~Baby~~ Anderson

{Residence, if in Baltimore, Give Street and Number.} 622 W Lombard St

C8396

Duration of Residence in Baltimore. 51 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 22 1907

AGE: ..... years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew P Lippe

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rose Anderson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa V Anderson

(Address)

Filed 1/13 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Jan 10 1907 that I last saw him alive on Jan 10 1908, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

since birth (DURATION) 51 DAYS

Contributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) L. M Allen M.D.

Address 622 W Lombard St

Date Jan 11 1908

UNIVERSITY OF MARYLAND. FOR ANATOMICAL PURPOSES.

Place of Burial

Date January 12 1908

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

C8397

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Gosnell

{ Residence, if in Baltimore, Give Street and Number. } 26 Sharp St

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 3. 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Decund

(Address) 216 S. Sharp St

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1908 to Jan. 8 1908

that I last saw h— alive on Jan 8 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS.

Contributory (Primary.) Acute Lobar-Pneumonia

(DURATION) 10 DAYS

(Signed) Eugene L. Pessagno M.D.

Address St Joseph's Hosp.

Date January 8 1908

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES.

Place of Burial

Date January 11 1908

Commissioner Health.

Per. Wm. E. WOODALL.

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charley Hart

{ Residence, if in Baltimore, Give Street and Number. } 423 21½ St

C8398

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: — 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): U. S. A.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address) 423 21½ St.

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1907 to Jan. 8 1908 that I last saw h[im] alive on Jan. 8 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentia

2 weeks (DURATION) DAYS

Contributory (Primary.) acute ~~Lobar Pneumonia~~ Miliary Tuberculosis

2 weeks (DURATION) DAYS

(Signed) Eugene L. Pessano M.D.

Address St Josephs Hosp.

Date January 8, 1908

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES.

Place of Burial

Date January 11 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

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Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be lity of the Physician who attended d e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

C 8399

(Place of Death.) No. 218 N Bethel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John T Tubman

{ Residence, if in Baltimore, Give Street and Number. } 218 N. Bethel St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: Dec 24 1873

AGE: 35 years, ... months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm Tubman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Laura Harmon

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Tubman

(Address) 202 S. Spring

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan 10 1908

that I last saw h~~im~~ alive on Jan 9 1908, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 9 DAYS

Con'tributory (Primary.) Endocarditis and

~~Fi~~ general Asthenia (DURATION) 90 DAYS

(Signed) M. Kinnatler M.D.

Address 1528 E. Baltimore st

Date Jan 11 1908

Place of Burial Laurel

Date Jan 15 1908

Undertaker Wm H Jackson

Address 1421 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 27 31st DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WIT C-5300 10/3/07 AND ENDING WITH C-8399 1/10/08 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O K Line

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